Chronic Depression: Implications for People of Color

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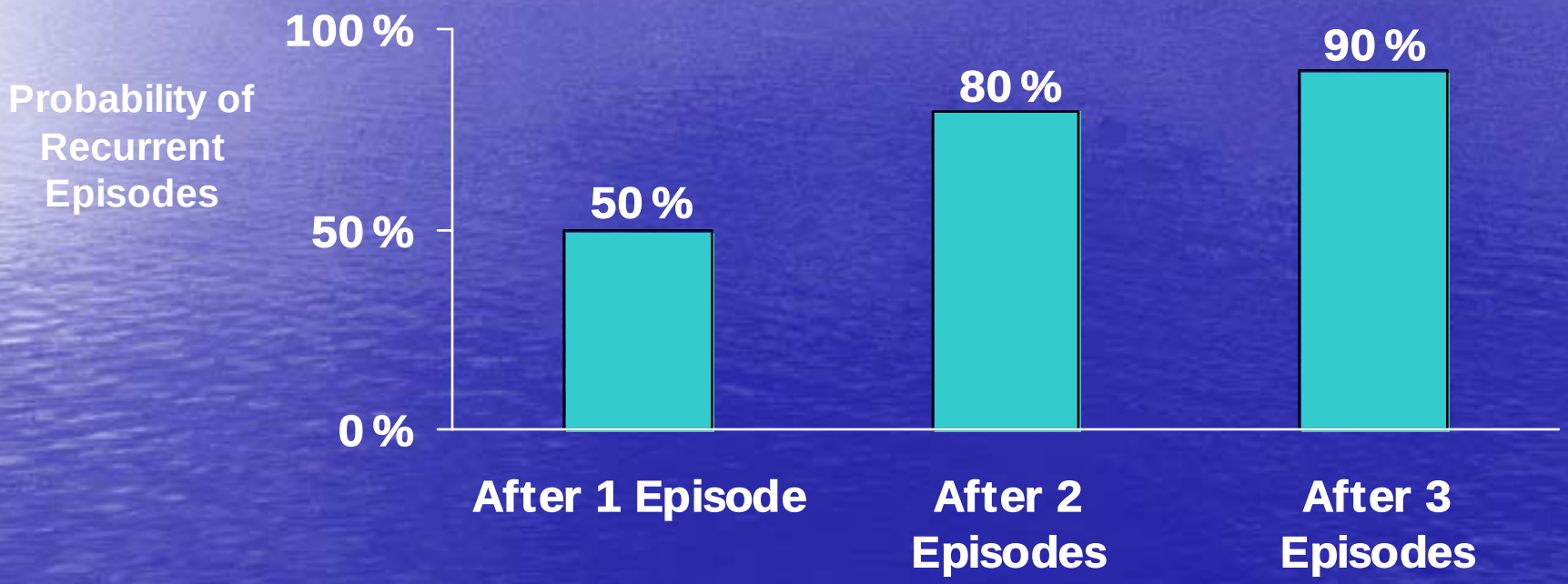
  Dr Lawson will discuss off-label use of pharmaceutical compounds during his presentation.

Depression Can Be a Chronic Illness



Kupfer DJ. *J Clin Psychiatry.* 1991;52:(suppl 5):28-34.

Chronic Depression: Epidemiology

Dysthymia	United States lifetime prevalence 6.4%[1] ≥75% have comorbid mental or personality disorders[2]
Double depression	39%–76% of dysthymic patients concurrently have double depression[2,3] Significantly more frequent concurrent anxiety disorders than with MDD alone[4]
Chronic major depression	Developed in 20% of those with a single episode of major depression[5] Underdiagnosed and undertreated[3,6]

1. Kessler et al. *Arch Gen Psychiatry*. 1994;51:8-19; 2. Weissman MM et al. *Am J Psychiatry*. 1988;145:815-819; 3. Kovacs M et al. *Arch Gen Psychiatry*. 1994;51:365-374; 4. Levitt AJ et al. *J Nerv Ment Dis*. 1991;179:678-82; 5. Keller MB et al. *JAMA*. 1984;252:788-792; 6. Horwath E et al. *Arch Gen Psychiatry*. 1992;49:817-823.

DEPRESSION AFFECTS GENERAL MEDICAL CONDITIONS

- **Association with Myocardial Infarction** Depressed individuals far more likely to die from an MI
- Treatment with antidepressants but NOT psychotherapy associated with improved outcome after MI

- **40 % OF THOSE WITH DIABETES MELLITUS**
- Common in obesity
- **Risk Factor in Breast and Other Cancers**
- **Stroke and depression: which is the chicken and which is the egg?** Risk is increased both ways!

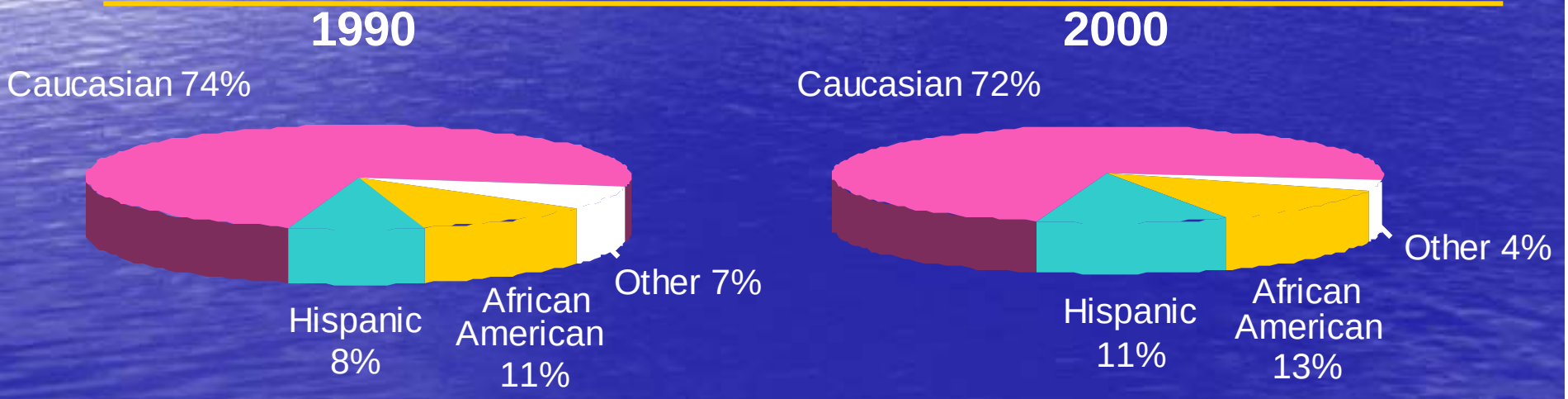
Alzheimers and Depression

- Compared with patients with no depression history, those with a lifetime history of major depression had:
  - **Faster cognitive decline**
  - **More brain plaque and tangles associated with Alzheimer's disease**
  - "Depression is highly prevalent in mild cognitive impairment and most dementias. It may be a risk factor for the subsequent development of dementia and in some conditions may be a prodromal symptom" **Steffens 2007**

Ethnic Minorities: Growing and More Diverse

- Currently, ~30% of US population
- 57% of ethnic minorities are under the age of 18
- Immigration now worldwide

Racial and Ethnic Composition of the US Population



Source: US Census figures. Available at: http://www.census.gov/. Accessed March 6, 2006.

Increased MORBIDITY AND MORTALTIY IN AFRICAN AMERICANS

- **According to the CDC of Vital Health Statistics, 60.1% of African-American males are overweight and 78% of Black women lead the population in obesity**
- **Almost 50 million American adults (about one in four) have the metabolic syndrome, which puts them at increased risk for the development of diabetes mellitus and cardiovascular disease. African Americans, especially African-American women, have a high prevalence of the metabolic syndrome. This is attributable mainly to the disproportionate occurrence in African Americans of elevated blood pressure, obesity, and diabetes. Clark 2007**
- **African-American race, obesity, and having a diagnosis of depression each independently and significantly increased the likelihood of having a chronic disease. Also, these risk factors interacted to create an increased likelihood of disease prevalence. Thus, obesity, race, and depression interacted to create a "triple threat" of developing certain chronic diseases. Stecker et al 2006**

- **Also increased risk of:**
- **Pulmonary diseases**
- **Some cancers**
- **HIV**

MENTAL DISORDERS

- National Comorbidity Study Replication (Kessler et al, 2006)
  - *Less mental illness in African Americans including depression*
- National Survey of American Life (Williams et al, 2007)
  - Less depression in African Americans

-

MAJOR DEPRESSIVE EPISODE (DSMIV)

A. At least five of the following symptoms nearly every day for two weeks:

1. Depressed mood (or irritability in adolescents)
2. Anhedonia
3. Change in weight or appetite
4. Insomnia or hypersomnia
5. Psychomotor agitation or retardation
6. Fatigue or loss of energy

MAJOR DEPRESSIVE EPISODE (DSMIV)

Impairment or distress

No organic factor AND NOT bereavement

No schizophrenia or schizoaffective disorder

Is Depression REALLY less common in African Americans?

- **AA lower risk for depression in National Comorbidity Study Replication**
  - Breslau J, et al 2005

- Depression less common in AA:17.9 % Whites vs. 10.4 AA
  - Williams et al 2007

- AA have more unmet needs, more chronicity
  - Wang et al 2005

AA more chronic, more severe, more disabling. 45% received treatment

Depression Criteria May Need to be Re-examined

- **Health disparities in care for depression possibly obscured by the clinical significance criterion.**
  - **Coyne JC**, and **Marcus SC**. 2006
- *No differences between African American subjects and white/other subjects when diagnosis was based solely on symptoms.*
- *Symptomatic African American less likely to endorse either receipt of care or interference in functioning*

- **Prevalence of depression by race/ethnicity: findings from the National Health and Nutrition Examination Survey III.**
  - **Riolo SA**, et al 2006
- Prevalence of major depressive disorder was significantly higher in Whites than in African Americans and Mexican Americans
- The opposite pattern was found for dysthymic disorder. Across racial/ethnic groups,
- Poverty was a significant risk factor for major depressive disorder

Recognizing Depression

- **PROVIDER ISSUES?**

- Stereotypes:
  - "Aunt Jemima "
  - "Uncle Ben"
- Beliefs among professionals
  - Depression and suicide thought to be rare among ethnic minorities
  - Schizophrenia believed to be far more common
  - Lack mental apparatus
  - Relative deprivation
  - Social, economic, cultural, ethnic distance
- Failure to get sufficient information
- Failure to talk to family and network supporters

Treatment Seeking by African Americans

- Despite symptoms of distress, treatment is delayed or not sought[1]
- Treatment sought from non–mental health professionals[1]

Use of Mental Health Services by African Americans (N = 1011)[2]

12-Month Disorder	Mental Health Specialist* % (SE)	Any Provider† % (SE)
Mood Disorder	**15.6 (3.5)**	**28.7 (4.5)**
Anxiety Disorder	**12.6 (2.4)**	**25.6 (5.3)**

*Psychologist, psychiatrist, or social worker; †Mental health specialist, general medical provider, other professional (nurse, occupational therapist, other health professional, minister, priest, rabbi, counselor), spiritualist, herbalist, natural therapist, or faith healer. SE = standard error.

Sources: 1. Neighbors HW. *Comm Mental Health J.* 1984;20:169-181.
2. Office of the Surgeon General. *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health, a Report of the Surgeon General.* Rockville, Md: US Dept of Health and Human Services; 2001. Available at: http://www.surgeongeneral.gov/library/mentalhealth/cre/sma-01-3613.pdf. Accessed April 24, 2006.

Barriers to Adequate Treatment of Depression in Primary Care Setting

- Clinical presentation with somatization
- Stigma about diagnosis
- Competing clinical demands of comorbid general medical problems
- Problems with the physician-patient relationship
- Lack of comprehensive primary care services.

  - **Das** et al 2006 **Depression in African Americans: breaking barriers to detection and treatment.**

Disproportionate Imprisonment of Mentally Ill Persons in US

- "…community correctional institutions, the jail and the police lock-up have become the nation's new asylums"
- LA county jail and Cook county largest mental health provider in US
- Incarcerated: nearly 50% of all prisoners in state and federal jurisdictions are black
- African American juveniles with similar behavior to Caucasians are more likely to be referred to the correctional system

Teplin LA. *J Consult Clin Psychol*. 1990;58:233-236.
Rock M, et al. *Adm Policy Ment Health*. 1998;25:327-332.
Torrey EF, et al. 1992

Mentally Ill in Prisons

- Mthan half of allprison and jail inmates had a mental health problem705,600 inmates in State prisons,
- 78,800 in Federalprisons, and 479,900 in local jails.
- These estimates represented
- 56% ofState prisoners,
- 45% of Federal prisoners,
- 64% of jail inmates. Bureau of Justice Statistics 2006
- Nearly a quarter of both State prisoners and jail inmates who had a mental health problem, compared to a fifth of those without, had served 3 or more prior incarcerations.
- Female inmates had higher rates of mental health problems than male inmates (State prisons: 73% of females and 55% of males; Federal prisons: 61% of females and 44% of males; local jails: 75% of females and 63% of males).
- Over 1 in 3 State prisoners, 1 in 4 Federal prisoners, and 1 in 6 jail inmates who had a mental health problem had received treatment since admission.

- Bureau of Justice Statistics 2006

PROVIDER FACTORS

- Failure to communicate
  - Do not listen
  - Monopolize conversation
  - Lack of perceived respect
  - Failure to involve in decision making
- Failure to engage
  - With engagement differences in prescribing disappear
- Failure to get adequate information
  - Often does not use family, collateral resources
- Socio-economic distance
  - Different income, education, race or ethnicity

Cooper LA, et al. J Gen Intern Med. 2006 Jan;21 Suppl 1:S21-7. Review.
Segal SP, Bola JR, Watson MA.Related Articles, Psychiatr Serv. 1996 Mar;47(3):282-6.

Recognizing Depression: Cultural Issues

- In many West African countries
  - No single word for depression
  - Guilt is rare, shame is common
- In U.S., rather than sadness, African Americans show:
  - Somaticization
  - Denial
  - Irritability
  - "Falling out"
  - Failure to disclose inner feelings
  - Healthy paranoia
  - John Henryism
  - Angry Black Woman
- Depression is thought to be
  - Inconsistent with African American resilience
  - Inconsistent with religious beliefs

PATIENT FACTORS

- **Treatment Seeking**
  - It is well documented that racial and ethnic minorities in the United States are less likely than whites to seek mental health treatment, which largely accounts for their under-representation in most mental health treatment services (Sussman et al., 1987; Kessler et al., 1996; Vega et al. 1998; Zhang et al., 1998).

- Treatment Delay or Refusal:
- Stigma was portrayed by the Surgeon Generals Report as the "most formidable obstacle to future progress in the arena of mental illness and health" (DHHS, 1999).
- Related to attitudes like:
  - "Keep it in the family"
  - Religious beliefs
  - Causation of mental health

According to a National Mental Health Association survey on attitudes and beliefs about depression:

- · Approximately 63% of African Americans believe that depression is a “personal weakness,” compared to the overall survey average of 54%.
- · Only 31% of African Americans said they believed depression is a “health” problem.
- · Close to 30% of African Americans said they would “handle it” (depression) themselves if they were depressed, while close to 20% said they would seek help for depression from friends and family.
- · Only one in four African Americans recognize that a change in eating habits and sleeping patterns are a sign of depression; only 16% recognize irritability as a sign.
- · Only one-third of African Americans said they would take medication for depression, if prescribed by a doctor, compared to 69% of the general population.
- · Almost two-thirds of respondents said they believe prayer and faith alone will successfully treat depression “almost all of the time” or “some of the time.”

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Recognizing Depression

MISDIAGNOSIS/ UNDERDIAGNOSIS? **PROVIDER ISSUES?**

- Depression and suicide thought to be rare among ethnic minorities
- Schizophrenia believed to be far more common
- But Depression is common!!!!!
  - Epidemiological Catchment Area Study
  - NATIONAL COMORBIDITY STUDIES ONE and TWO
  - Survey of Primary Care clinics

- Stereotypes:
  - "Aunt Jemima "
  - "Uncle Ben"
- Lack mental apparatus
- Relative deprivation
- Social, economic, cultural, ethnic distance
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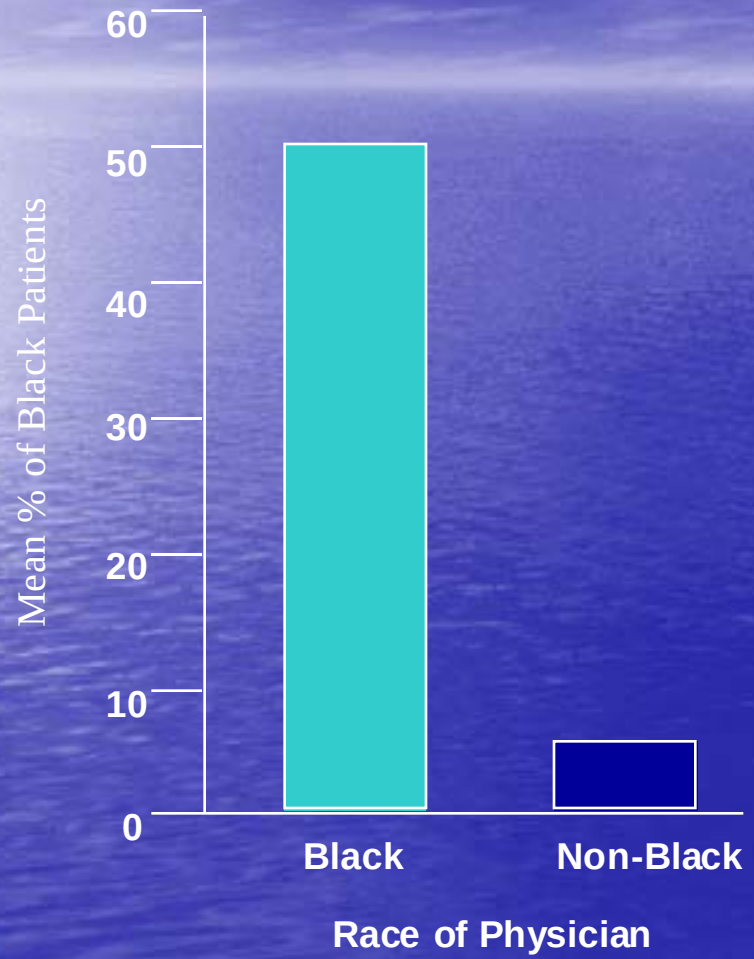
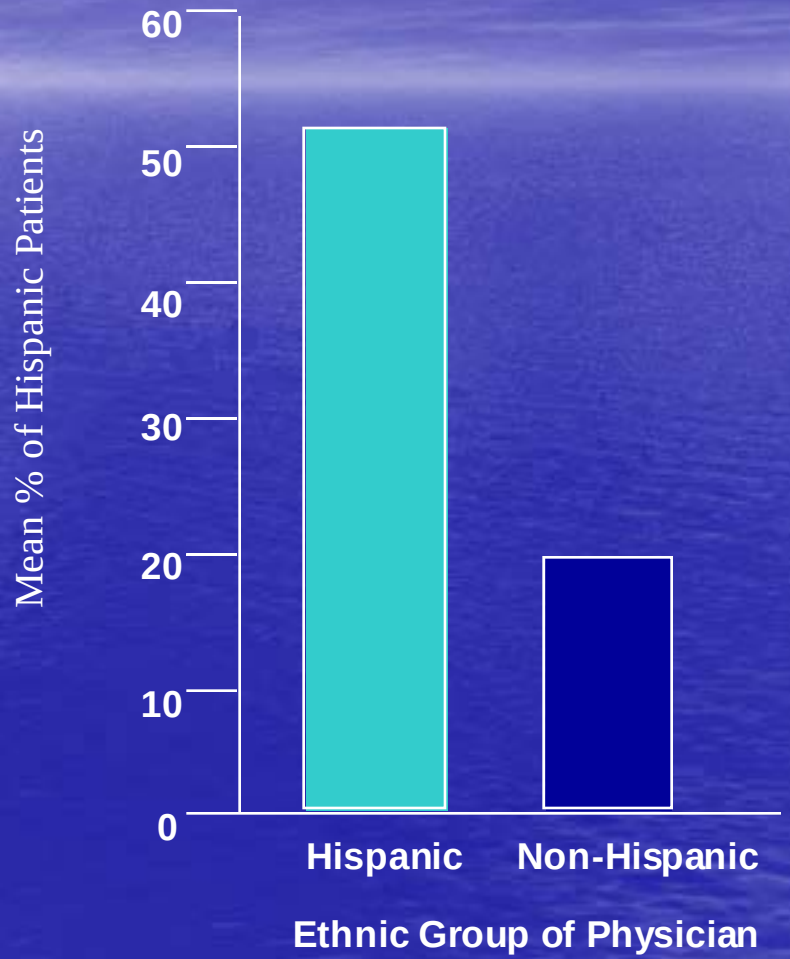
Relation of the Race or Ethnic Group of Physicians to Patients in Their Practices





Source: New England Journal of Medicine, May 16, 1996, p. 1308

Availability of Care

- African American care givers are rare
  - 2% of psychiatrists
  - 2% of psychologists
  - 4 % of social workers

Minority Representation in Clinical Trials of Recently Approved Drugs

- **Little data available for clinical trials of recently approved drugs**
- **Estimated to average substantially less than 5% in pivotal trials supporting drug safety and efficacy**
- **< 1% of studies in biological psychiatry when ethnicity is identified**

(Lawson, 1990)

Minorities Less Willing to Participate in Health Research?

- Comprehensive literature search to identify all published health research studies that report consent rates by race or ethnicity. 20 health research studies that reported consent rates by race or ethnicity. These 20 studies reported the enrollment decisions of over 70,000 individuals for a broad range of research, from interviews to drug treatment to surgical trials.
  - African-Americans had a nonsignificantly lower overall consent rate than non-Hispanic whites (82.2% versus 83.5%; odds ratio [OR] ¼ 0.92; 95% confidence interval [CI] 0.84–1.02).
  - Hispanics had a nonsignificantly higher overall consent rate than non-Hispanic whites (86.1% versus 83.5%; OR ¼ 1.37; 95% CI 0.94–1.98).
  - In ten clinical intervention studies, African-Americans' overall consent rate was nonsignificantly higher than that of non-Hispanic whites (45.3% versus 41.8%; OR¼1.06; 95% CI 0.78–1.45). For these same ten studies,
  - Hispanics had a statistically significant higher overall consent rate than non-Hispanic whites (55.9% versus 41.8%; OR¼1.33; 95% CI 1.08–1.65)
  - For the seven surgery trials, which report all minority groups together, minorities as a group had a nonsignificantly higher overall consent rate than non-Hispanic whites (65.8% versus 47.8%; OR ¼ 1.26; 95% CI 0.89–1.77).
- Conclusion
  - ***Very small differences in the willingness of minorities, most of whom were African-Americans and Hispanics in the US, to participate in health research compared to non-Hispanic whites.***

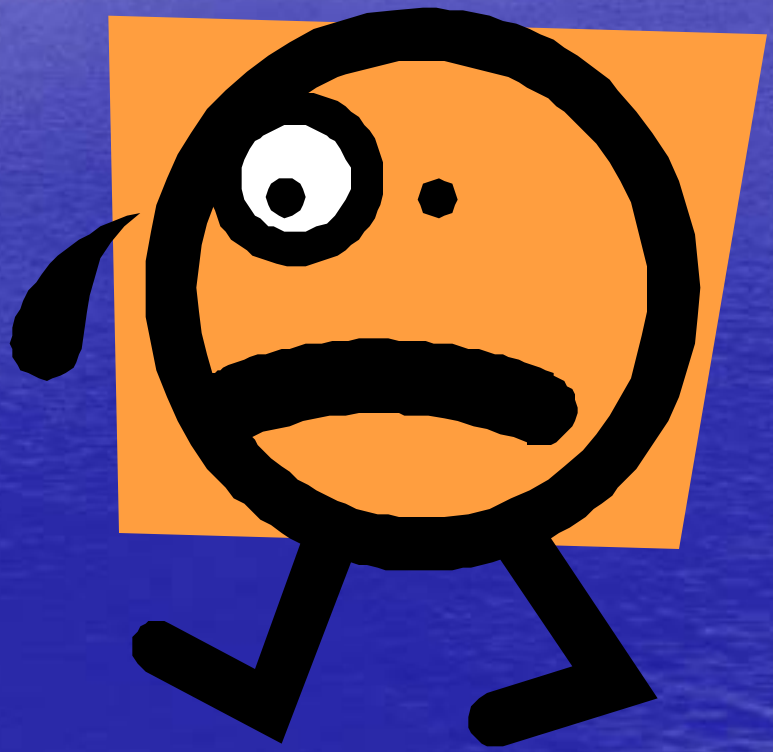
STAR* D and African Americans

- Systematic treatment incldluing SSRI's
- Naturalistic setting
- 19% African Americans
- Serotonin 2A receptor predictive of response

- Clinicians had claimed AA not as responsive to SSRI'S
- AA not as responsive to citalopram in STAR* D
- Polymorphism of serotonin 2A related to treatment response is not as common in African Americans

McMahon et al, Am J Human Genet. 78: 804-814, 2006

WE MUST EDUCATE PROVIDERS AND THE COMMUNITY ABOUT MENTAL HEALTH: MENTAL DISORDERS ARE COMMON AND TREATABLE IRREGARDLESS OF ETHNICITY AND THEY MAKE GENERAL MEDICAL CONDITIONS WORSE



ETHNICITY AND THE DIAGNOSIS OF AFFECTIVE ILLNESS

- Interview symptomatic patients with mood disorders with DIGS
- Record interview
- Review transcript
- CALL:
- Tonya Seaward
- (202) 865 0097

Genetics of Recurrent Early-Onset Depression (GenRED),

- A multicenter project that is utilizing positional cloning methods to identify genes underlying genetic susceptibility to major depression, focusing on the more heritable, recurrent early-onset subtype (MDD-RE)
- At least two episodes of major depression-one at or before 30 and another at or before 18
- First degree relative with depression
- CALL Oresia O'Neil
- (866) 747-9522
- (202) 806-7642