
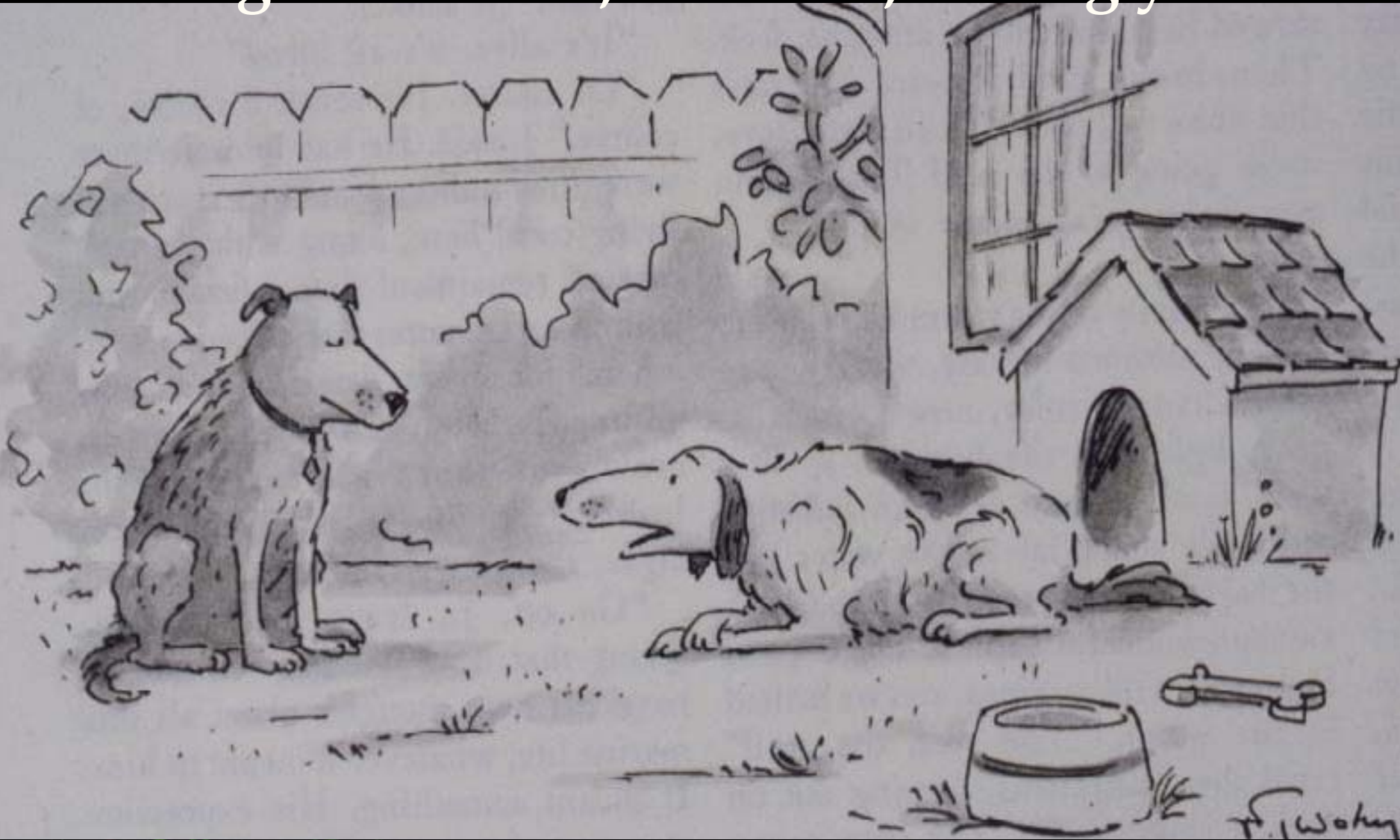


DEPRESSION AND ETHNIC HEALTH DISPARITIES



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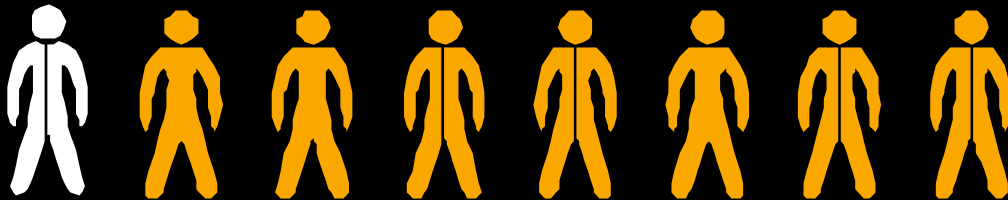
“I’ve got the bowl, the bone, the big yard . . .



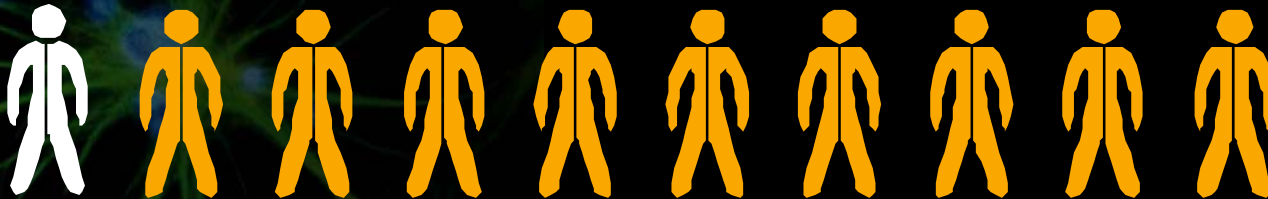
I know I should be happy”

PREVALENCE OF MAJOR DEPRESSION

10-14 million people in the United States are depressed in any year



During their lifetime, 1 in 8 persons may require treatment for major depression




In any year, 1 in 10 depressed persons attempts suicide

Epidemiology of Major Depression

- **17% of US population reported a major depressive episode in their lifetime**
- **Average age of onset: late 20s**
 - **>50% of patients have first episode by age 40 years**
- **Duration: 6 months-2 years if left untreated**
 - **Episodes continue in up to 80% of untreated patients**

NOTABLES DIAGNOSED WITH DEPRESSION

- Abraham Lincoln
 - Ernest Hemingway
 - Van Gogh
 - William Styron
 - Terri Williams
 - Terry McMillan
 - Felicia “Snoop” Pearson
- 

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
 - 7. Feelings of worthlessness or guilt
 - 8. Diminished ability to think or concentrate
 - 9. Recurrent thoughts of death or suicide
- **B. Do not meet criteria for a mixed episode**
- **C. clinical significant Impairment or distress**
- **D. No organic factor**
- **E. NOT bereavement**

Depression in people of color

- **Prevalence rates of African Americans: 50% of those with Western European Ancestry and much lower in clinical settings in which the rate was not determined by structured interviews**
- **As we show will see the lower prevalence has been questioned ¹**

¹ Lawson, W.B. "Mental Health Issues for African Americans" in Handbook of Racial and Ethnic Minority Psychology, Guillermo, B., Trimble, J. E., Burlow, A. K., and Leong, F.T.I. (Ed.) Sage Publications, Inc., Thousand Oaks, California, 2002

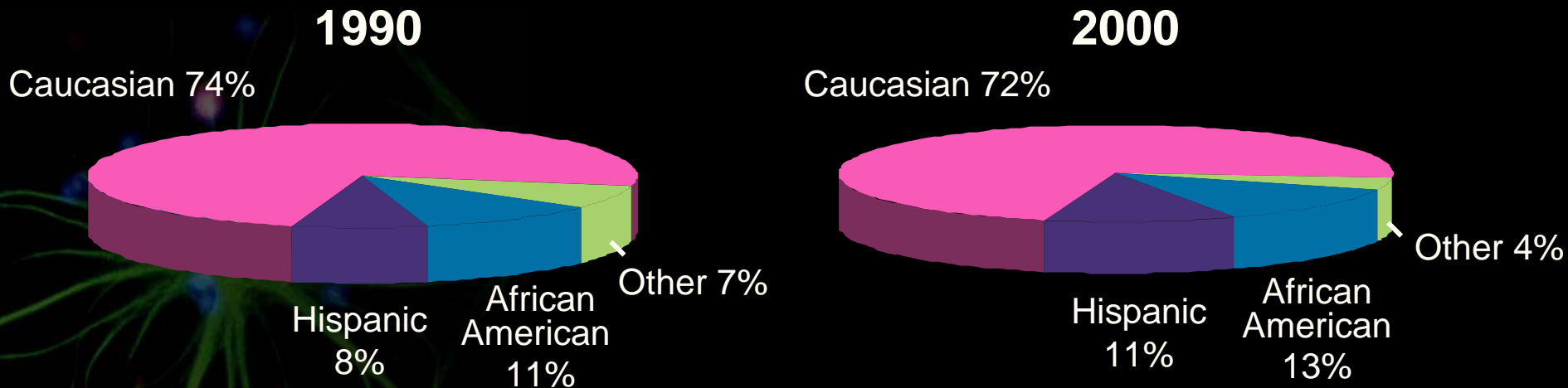
DO MINORITIES GET DEPRESSED ?

African Americans were too "unsophisticated" to get depressed or commit suicide, a characteristic attributed as well to other marginalized ethnic groups such as Chinese or Eastern European immigrants

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

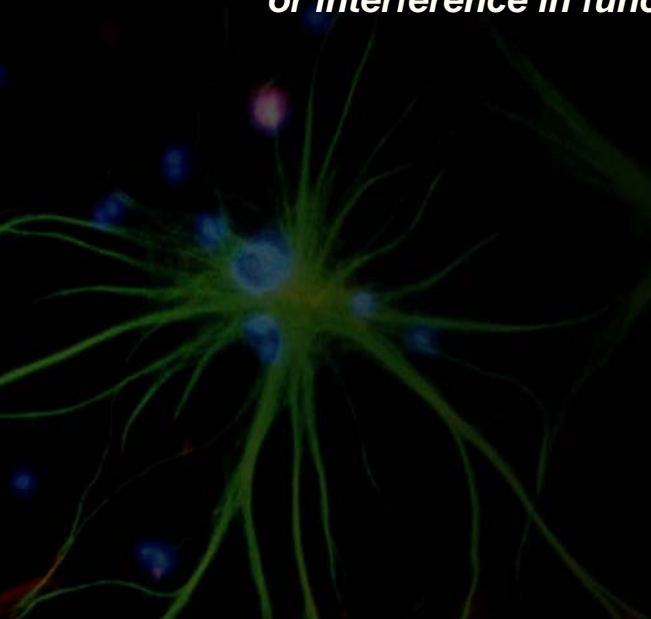


Depression is REALLY less common in African Americans?

- 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

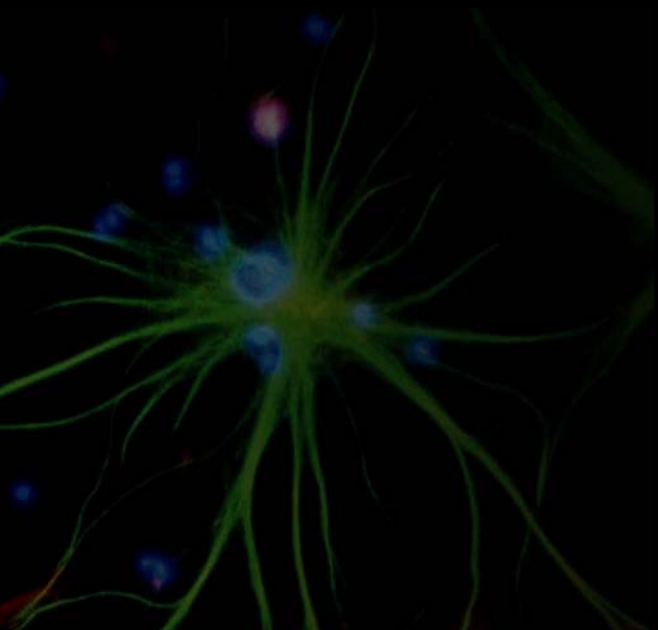
Depression Criteria May Need to be Re-examined

- 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



Should the DSM IV Criteria be Reexamined?

- **Greater likelihood to be diagnosed dysthymic**
- **Less likely to report subjective symptoms**
- **Less likely to report impairment**



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 reported ethnic 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
- Lack of knowledge or culture or cultural sensitivity
- Stereotypical beliefs:
 - “Aunt Jemima “
 - “Uncle Ben”
 - “Jose”
 - Inscrutable Asians
- Believe lack mental apparatus
- Believe already too deprived for things to get worse

[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

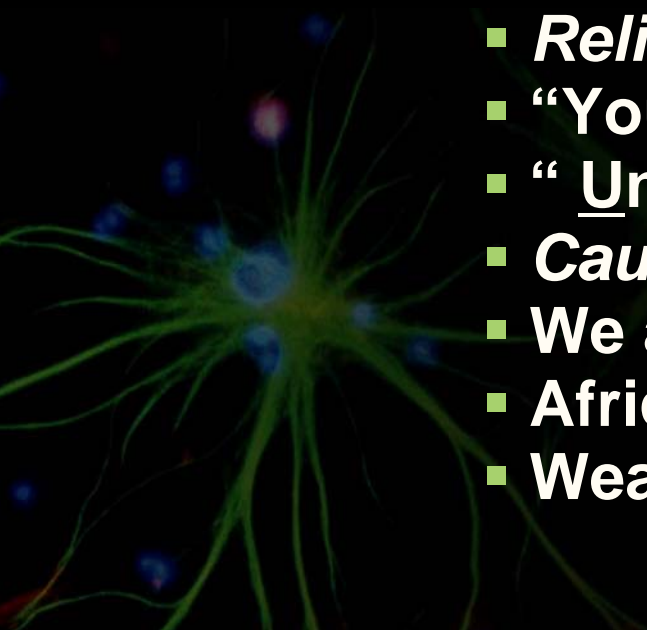
According to a National Mental Health Association survey on attitudes and beliefs about depression:

- - 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.”

Community and Family Issues

Stigma

- *Related to attitudes like:*
- “Keep it in the family”
- ‘People will talk’
- ‘Its not from my side of the family’
- The shame
- *Religious beliefs*
- “You will go to hell”
- “ Unforgiveable sin”
- *Causation of mental health*
- We are a strong people
- African American resilience
- Weak stock



REFERENCE

RESULTS

SETTING

Aa more likely to be diagnosed with schiz then W

Inpatient adolescent facility

[Blow FC](#)

AA 4X more likely to be diagnosed with schiz then W

Veteran administration database

[Barnes A](#)

AA 4X more likely to be diagnosed then W with schiz

State psychiatric hospitals

[Neighbors HW](#)

AA more likely to be diagnosed the W with schizophrenia when semi structured interview is used

Private and public inpatient facilities

[Strakowski SM](#)

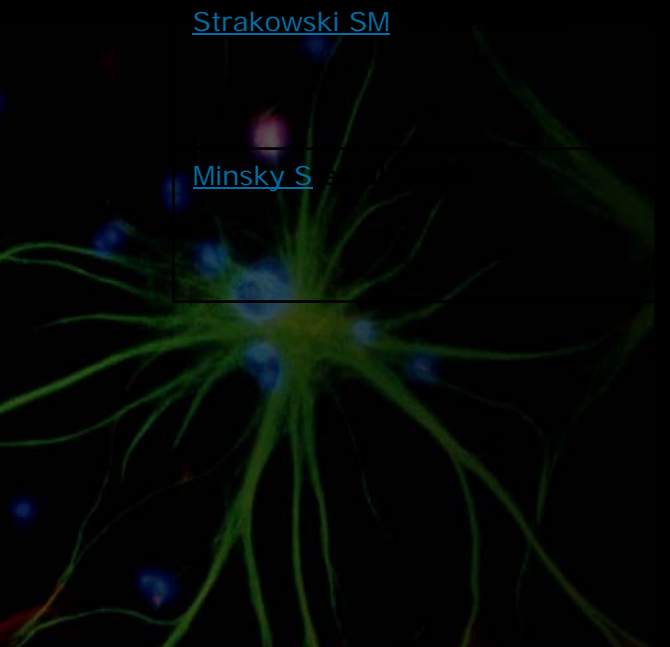
AA more likely to be diagnosed then W despite structured interview

Inpatient , outpatient county mental health system

[Minsky S](#)

AA more likely then Lationos or European Americans

Behavioral health service system in New Jersey





**MENTAL DISORDERS
ARE
UNDERRECOGNIZED,
MISDIAGNOSED,
UNDERTREATED, AND
MISTREATED**

SUICIDE RISK IS INCREASED

Acceptability of Treatment

- The acceptability of treatment for depression among African-American, Hispanic, and white primary care patients.

Cooper LA, Gonzales JJ, Gallo JJ, Rost KM, Meredith LS, Rubenstein LV, Wang NY, Ford DE.

African Americans (adjusted OR, 0.30; 95% CI 0.19-0.48) and Hispanics (adjusted OR, 0.44; 95% CI, 0.26-0.76) had lower odds than white persons of finding antidepressant medications acceptable. African Americans had somewhat lower odds (adjusted OR, 0.63; 95% CI, 0.35-1.12), and Hispanics had higher odds (adjusted OR, 3.26; 95% CI, 1.08-9.89) of finding counseling acceptable than white persons.

Med Care. 2003 Apr;41(4):479-89.

Treatment Delay or Refusal: Mistrust

- **Cultural Mistrust**
- **Unfamiliarity with mental health system**
- ***Misinformation***
- **Fear of hospitalization:**
 - ***But some support for this-***
 - **African Americans more likely to be hospitalized**
 - **More likely to be involuntarily committed** (Flaherty & Meagher 1980; Lawson 1994; Lindsey et al. 1989; Paul & Menditto 1992; Strakowski et al. 1995)
 - **Tuskegee syphilis study**
 - **Psychological tests as basis for school segregation**

Treatment Seeking by African Americans

- Despite symptoms of distress, treatment is delayed or not sought¹
- Treatment sought from non-mental health professionals¹

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)

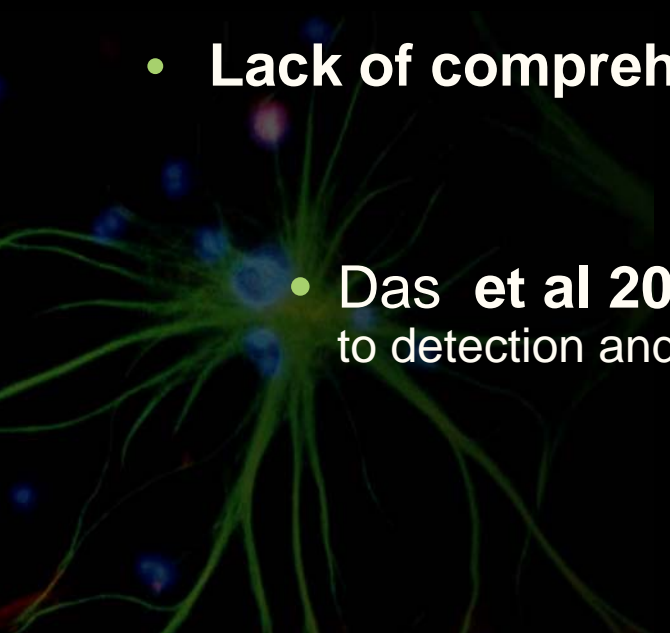
*Psychologist, psychiatrist, or social worker; †Mental health specialist, general medical provider, other professional (nurse, occupational therapist, other health professional, minister, priest, rabbi, counselor), spiritualist, herbalist, natural therapist, or faith healer. SE = standard error.

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.

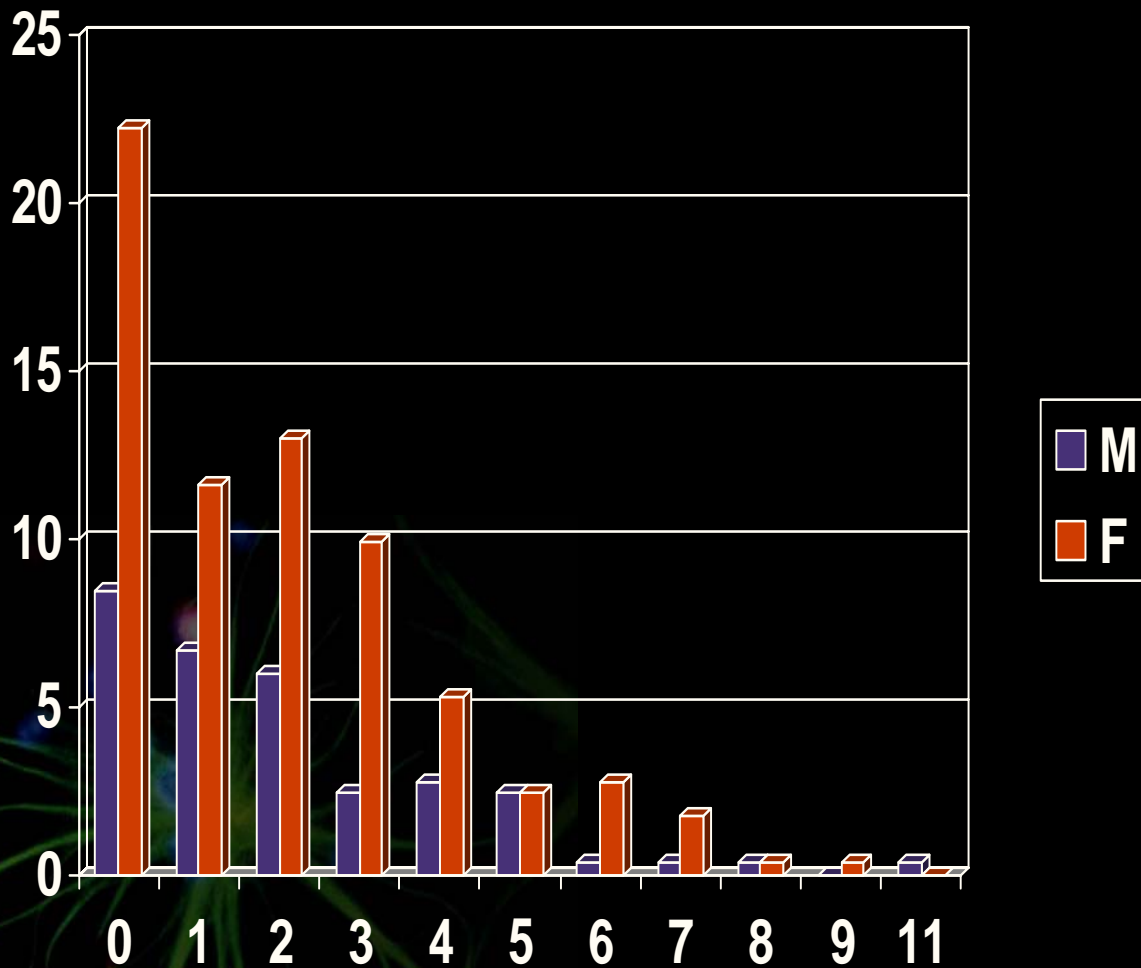
Barriers to Adequate Treatment of Depression in Primary Care Setting

- 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.



% of
Trauma
Exposure

LIFE TIME TRAUMA IN PRIMARY CARE PATIENTS

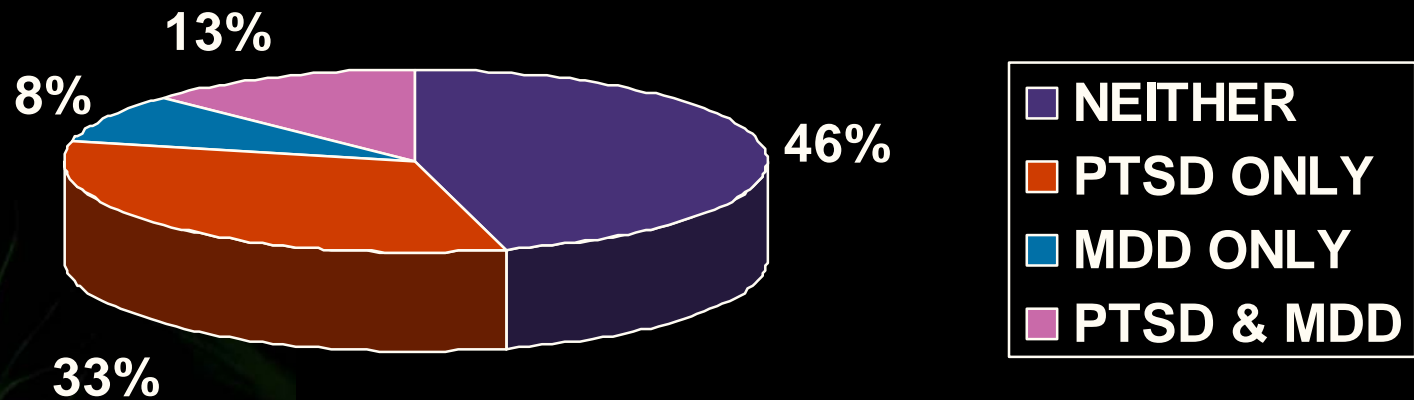


Those reporting one (1) or more traumas

Traumas:

- Natural disaster
- Fire or explosion
- Transportation accident
- Serious accident
- Exposure to toxic substance
- Physical assault
- Assault with a weapon
- Sexual assault
- Unwanted sexual experience
- Combat exposure
- Captivity
- Life threat
- Severe human suffering
- Sudden violent death
- Sudden unexpected death
- Serious injury
- Other stressful event

Percentages Meeting Criteria for Lifetime PTSD & MDD in a Primary Care Clinic



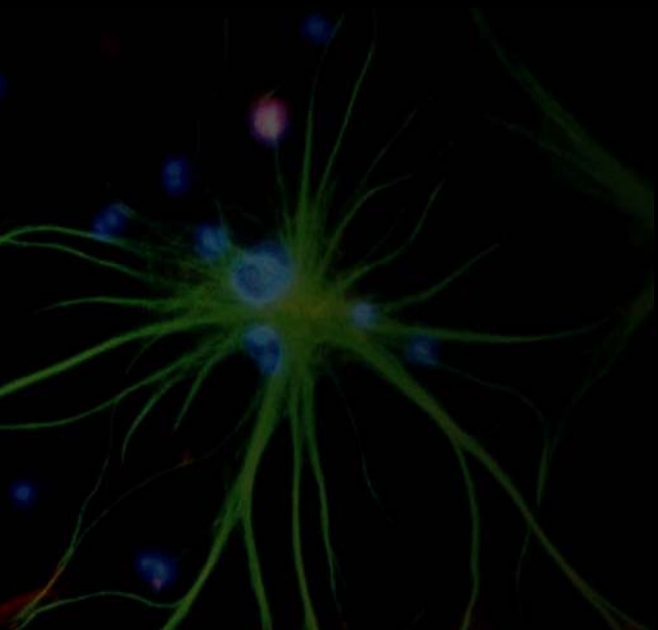
Disproportionate Imprisonment of Mentally Ill US Prisons



- US ranked number one in incarceration in developed countries in the world due to nonviolent offenders, most of whom are substance abusers
- >50% of persons in jails are mentally ill
- "...community correctional institutions, the jail and the police lock-up have become the nation's new asylums"
- Fewer than 20% of surveyed jails offer any mental health
- More mentally ill in correctional system than community mental health system
- 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

Suicide and Mental Disorders

- **80 to 90 percent** of people who die by suicide are suffering from a diagnosable mental illness



SUICIDE

- **THOUGHT TO BE RARE IN ETHNIC MINORITIES IN CONTRAST TO DATA**
- **HIGHEST RATES AMONG ELDERLY**
- **AFRICAN AMERICAN AND HISPANICS- HIGHEST RATES AMONG YOUNG MALES**
- **OVER FIFTY YEARS STEADY INCREASE IN THE RATE OF SUICIDE FOR 15-19 Y.O. MALES**
- **RATE FOR AFRICAN AMERICAN MALES TRIPLED**

Lawson, W.B. "Mental Health Issues for African Americans" in Handbook of Racial and Ethnic Minority Psychology, Guillermo, B., Trimble, J. E., Burlow, A. K., and Leong, F.T.I. (Ed.) Sage Publications , Inc., Thousand Oaks, California, 2002

“I’M DOING GREAT”

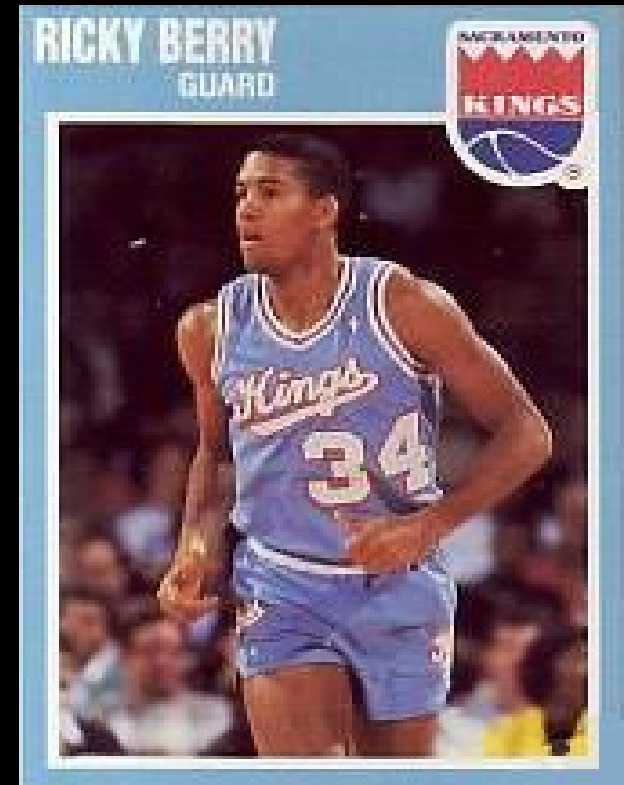
- *Community denial*
- **An African American legislature claws his way to the top to become chair of the city council in a major city. He is found dead by his hand. The community is surprised. Some say it’s a murder cover-up. It is later learned that he has been under treatment for years for depression and was once hospitalized.**

“AT THE CORONER”

- *Provider denial*
- **An African American youth’s body is in the morgue. He was found with a gun in his hand and he has a single gunshot wound to his head. The coroner does not call it a suicide and assumes someone planted the gun. “Black men don’t kill themselves”**

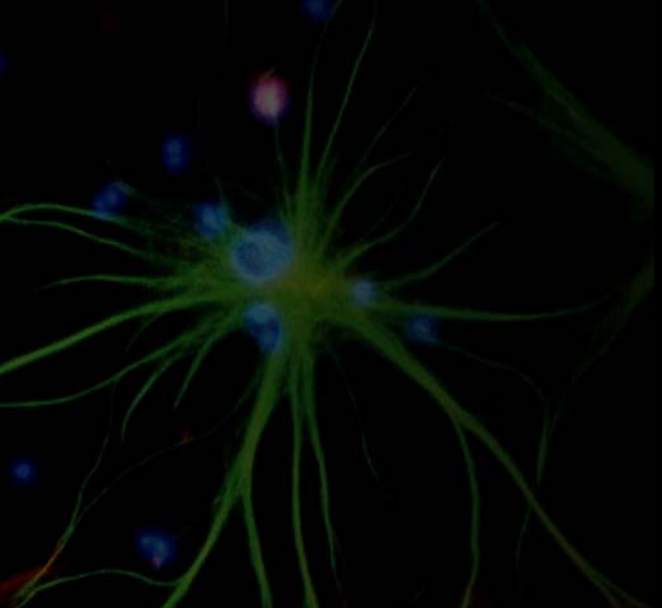
Suicide does not respect income or race

- Ricky Alan Berry ([October 6, 1964](#) – [August 14, 1989](#)) was an [American](#) professional [basketball](#) player in the [NBA](#) for the [Sacramento Kings](#).
-
-
- Berry on a Fleer card from 1990, a year after his death.
- Born in [Lansing, Michigan](#), the 6'8" [small forward](#) out of [San Jose State](#) and [Oregon State University](#) was selected 18th overall in the [1988 NBA Draft](#) by the Kings and had a solid rookie season, averaging 11.0 points, 3.1 rebounds, 1.3 assists while shooting 40.6% from [three-point](#) range.
- In the 1989 offseason, and just weeks before his 25th birthday, Berry was found dead from a self-inflicted [gunshot](#) wound at his home in [Sacramento, California](#) on August 14, 1989, following an argument with his wife. He had displayed no signs of depression and had left a [suicide](#) note.

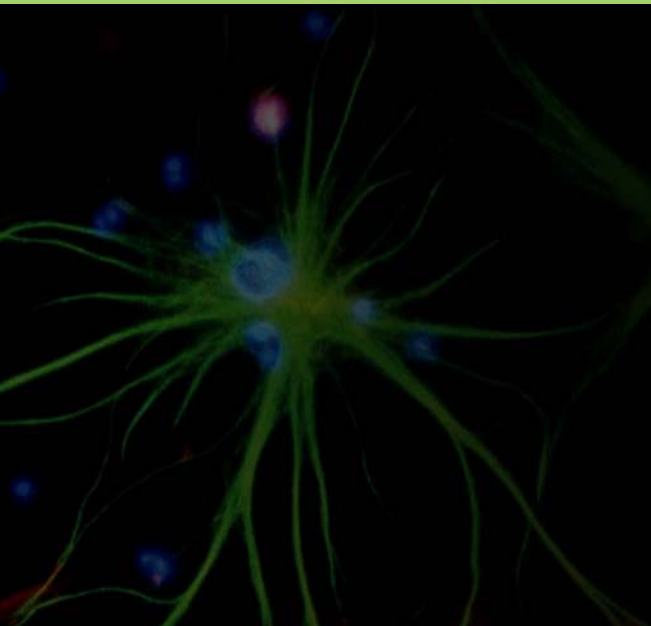
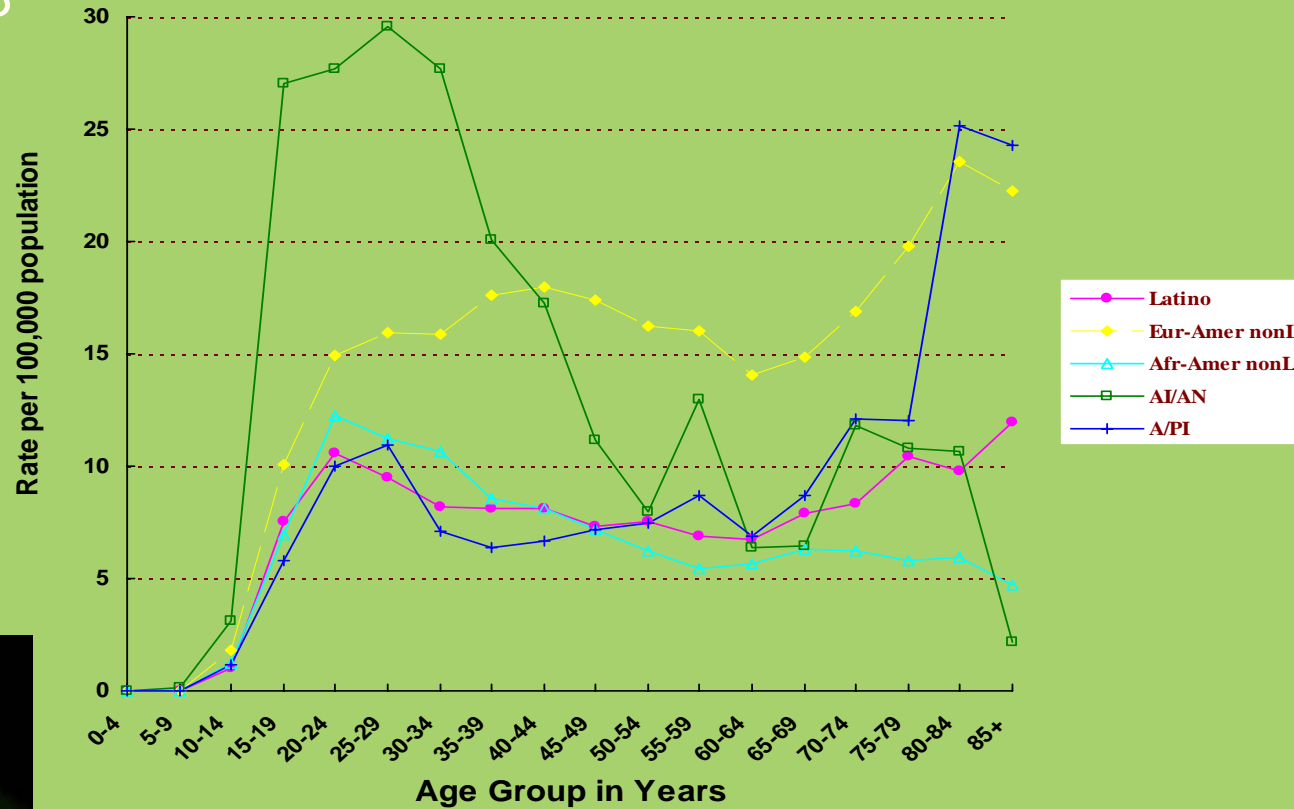


DIFFERENT DEMOGRAPHICS

- Median age at completed suicide for African Americans nationally was 34 years (IQR=24-45) compared to 44 years (IQR=32-58) for Caucasians.
- Rates for older individuals tend to be lower

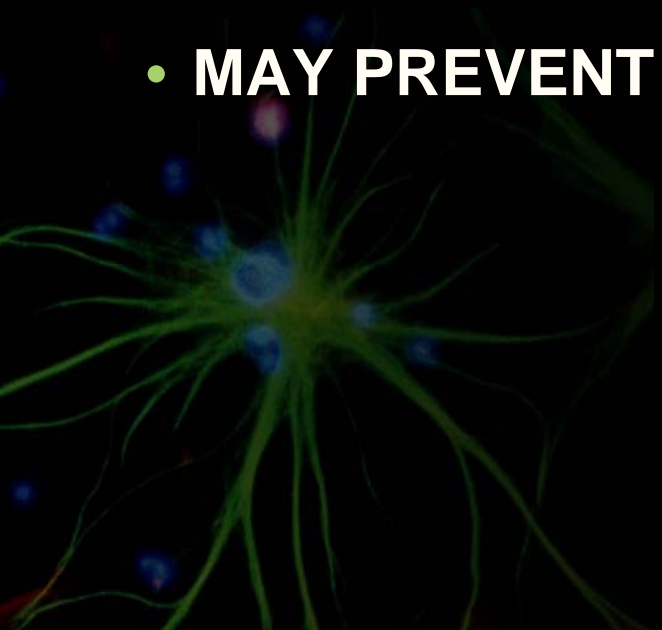


Suicide rates by ethnicity and age group-- United States, 1996-98



TREATMENT OF DEPRESSION

- **AS EFFECTIVE AS ANTIBIOTICS FOR BACTERIAL INFECTION**
- **REDUCES SUICIDE RATE**
- **MAY PREVENT SUICIDE**
- **ANTIDEPRESSANTS**
 - **ASSOCIATED WITH INCREASED SUICIDAL IDEATION IN CHILDREN AND ADOLESCENTS**
 - **NOT ASSOCIATED WITH INCREASED SUICIDE RATE**
 - **NOT SEEN IN ADULTS**



Improving Depression Care has Long-lasting Benefits for African Americans and Hispanics

Press Release Date: April 5, 2004

- **Quality improvement programs that encouraged depressed patients to undergo standard treatments for depression (psychotherapy or antidepressant medication) and gave them and their doctors up-to-date information and resources to increase access to treatments reduced depression rates among African Americans and Hispanics 5 years after the start of the 6 to 12 month programs. The study, supported by the National Institute of Mental Health and the Agency for Healthcare Research and Quality, is published in the April issue of the *Archives of General Psychiatry*.**



LESS LIKELY TO GET ANTIDEPRESSANT TREATMENT

- In an elderly sample: 14.3% of whites but 5.0% of African Americans in 1996. Blazer et al, 2000
- In office-based visits in the United States, 1996-1997: For whites 7.7 per 100, for blacks 3.6 per 100; for Hispanics 6.2 per 100. Skaer et al, 2000
- On Medicaid roles: African Americans less likely than whites **to receive an antidepressant at the time of their initial depression diagnosis (27.2% vs. 44.0%)**. Melfi et al, 2000

STAR* D and African Americans

- Head to head comparisons SSRI's and other agents
- Sequential treatment in a naturalistic setting
- Serotonin 2A receptor predictive of response
- 17% Ethnic minority
- Only 30% responded to first antidepressant but 70% ultimately responded
- 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

Racial differences in antidepressant treatment preceding suicide in a Medicaid population.

[Ray WA](#), [Hall K](#), [Meador KG](#) ■ *Psychiatr Serv.* 2007 Oct;58(10):1317-23.

- The study included 127 African Americans and 1,379 whites who completed suicide. **African Americans had significantly reduced odds of receiving treatments for mood disorders in the year preceding the suicide: 29% of African Americans had filled an antidepressant prescription, compared with 51% of whites (adjusted odds ratio=.43, 95% confidence interval=.26-.71, $p<.001$).** In contrast, there was no significant difference between the two racial groups in the proportions filling prescriptions for antipsychotic medications (13% of African Americans and 11% of whites).

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!**

Depression and General Health


- **Risk Factor for Coronary Artery Disease (CAD)^{4,5,6}**
 - 17%–27% of patients with CAD have major depression⁷
 - Significantly larger % has subsyndromal symptoms of depression⁷
 - Patients with CAD + depression have 2- to 3-fold ↑ risk of future cardiac events vs patients without depression, independent of baseline cardiac dysfunction⁷

1. Wainwright NWJ, Surtees PG. *J Affect Dis.* 2002;72:33-44; 2. Burt VK, Stein KS. *J Clin Psychiatry.* 2002;63(suppl 7):9-15; 3. Gibbons RD et al. *Arch Gen Psych.* 2005;62:165-172; 4. NIMH. *Depression and Heart Disease. NIH Publication No. 02-5004. May 2002.* Available at: <http://www.nimh.nih.gov/publicat/depheart.cfm#ptdep2>; 5. Empana JP et al. *Circulation.* 2005;111:2299-2305; 6. Miller GE et al. *Am J Cardiol.* 2005;95:317-321; 7. Rudisch B, Nemeroff CB. *Biol Psychiatry.* 2003;54:227-240.

PUBLIC HEALTH DISPARITIES

- **Unintentional injuries, mainly motor vehicle crashes, were the fifth leading cause of death for the total population, but they were the leading cause of death for minorities aged 1 to 44 years.**
 - **The death rate for HIV/AIDS was 4.5 for the total population but 39.9 for African American men aged 25 to 44 years.**
 - **Homicide remains the number one cause of death for young African American males**
 - **Substance abuse and mental disorders associated with increase risk for all the above**
- 

Mental Disorders and Substance Abuse Affect Health Outcomes

- Depression worsens Diabetes and HIV survival through
 - Delayed treatment or treatment refusal
 - Denial
 - Poor treatment adherence
 - Unintentional injuries associated with alcohol and substance abuse, depression, PTSD
 - Homicide associated with alcohol and substance abuse
 - Partner abuse associated with with alcohol and substance abuse, depression, PTSD in perpetrators and victim
- 

**WE MUST:
EDUCATE THE COMMUNITY, PROVIDERS, AND FAMILY MEMBERS
INCREASE AWARENESS
DESTIGMATIZE
MAKE TREATMENT AVAILABLE
SPREAD THE WORD: ITS TREATABLE AND PREVENTABLE
IT RESULTS FROM A COMMON DISEASE
AND NOT JUST LIFE CIRCUMSTANCES
ITS NOT YOUR FAULT**



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
- (800) 896-9016
- (202) 806-7674