Gaps Found in Depression Causes, Treatment

BY ROBERT FINN

Two recent studies highlight some surprising racial and ethnic disparities in the origin of depression and its treatment among adults and adolescents in the United States.

For example, in one of the studies, the investigators identified a large gap between the percentage of Caribbean blacks and non-Latino whites who met 12-month major depressive episode criteria and received "any depression therapy."

In another study, researchers were able to identify a variety of risk factors for depression in European American adolescents. However, a single demographic variable emerged as a dominant predictor of depression in African Americans.

In the first study, investigators analyzed survey data from three nationally representative samples of Americans aged 18 years and older, totaling 15,762 individuals. Hector M. González, Ph.D., of Wayne State University, Detroit, and his colleagues, determined that 8.3% of those surveyed met DSM-IV criteria for major depression during the previous 12 months. After controlling for sex, sample sizes, and other factors, no significant differences were found among African Americans, Mexican Americans, Puerto Ricans, Caribbean blacks, and non-Latino whites in the rate of depression (Arch. Gen. Psychiatry 2010;67:37-46).

After correcting for age, sex, education, health insurance, and household income, African Americans were 60% less likely to receive pharmacotherapy and 40% less likely to receive psychotherapy than were non-Latino whites. The other groups did not differ significantly on that measure.

But receiving some therapy does not imply that a patient receives adequate therapy. The survey data allowed investigators to estimate how many of people with depression were receiving adequate therapy, that is, therapy concordant with published treatment guidelines. Overall, only 11% of the depressed individuals received guideline-concordant pharmacotherapy, and only 19% received guideline-concordant psychotherapy.

Caribbean blacks fared worst on this measure, being 95% less likely to receive guideline-concordant pharmacotherapy than were non-Latino whites. Whether an individual had health insurance was another significant independent predictor of depression treatment.

In the other study, Dr. Benjamin W. Van Voorhees of the University of Chicago and his colleagues analyzed data from a survey conducted in the mid 1990s of a national representative sample of 6,504 adolescents in grades 7-12. As judged by a five-item version of the Centers for Epidemiological Study-Depression (CES-D) scale, the investigators determined that African Americans had a slightly higher incidence of depressive episodes than did European Americans (11.5% vs. 8.6%) (J. Natl. Med. Assoc. 2009;101:1255-67).

In a multiple exposure model that corrected for a large number of variables, the demographic variable "neither parent finished high school" emerged as overwhelmingly associated with depression in African Americans, conferring a 21-fold increase in relative risk. Other significant factors for African Americans were "rates survival until age 35 unlikely," (relative risk 2.62), "got headaches over the previous year," (relative risk 3.34), and "reports trouble getting along with your teachers," (relative risk 2.69).

For European Americans, seven factors emerged as significant in the multiple exposure model. The one with the highest relative risk was "friend attempted suicide," (relative risk 5.16).

The investigators concluded that "the typical framework for risk that focuses heavily on affect and cognition may have been heavily influenced by the predominance of European American youth in previous studies," and that African Americans might have "unmeasured resiliency factors that protect them in the face of factors [that] increase the risk of episodes among European Americans.■

VITALS

Major Finding: African Americans were 60% less likely to receive pharmacotherapy and 40% less likely to receive psychotherapy than were non-Latino whites with depression. The results for receiving "any depression therapy" were 30% for Caribbean blacks vs. 54% for non-Latino whites

Data Source: Nationally representative sample of 15,762 adults in the Collaborative Psychiatric Epidemiology Surveys. Nationally representative sample of 6,504 adolescents in the National Longitudinal Study of Adolescent Health.

Disclosures: None of the investigators in either study reported relevant conflicts.

MY TAKE

Low Treatment Rates Dismaying

Both of these studies underscore the importance of making care accessible in different communities, perhaps using different strategies. They also may help us identify factors that can be targeted in treatment for various populations.

The article by Dr. Gonzalez and colleagues was intriguing—and dismaying. The definitions they used for pharmacotherapy gave a tremendous amount of latitude for calling a treatment "guideline-concordant." It suggests that things are bad now, but they're probably even worse than they appear to be.

Although we've known for decades that depression is often not treated, and even when it is treated, even in academic centers, it's not treated well, these results show just how staggeringly low treatment rates are.

Dr. Van Voorhees and colleagues report that risk factors for depression vary depending on the ethnicity of the respondent. It's surprising that for African American youths, demographic features were predictive. It suggests that African Americans may have a resilience to environmental stressors. On the other hand, that risk factors for depression in African Americans are mostly demographic is disappointing, since those are factors we can't change.

Dr. Maria A. Oquendo is professor of clinical psychiatry at Columbia University, N.Y. She reported having no conflicts of interest.

Depression Tends to Follow Cannabis Use, Not Vice Versa

BY BETSY BATES

LOS ANGELES — Cannabis use in adolescence was associated with the subsequent development of depression, but the reverse did not prove to be true in a large, longitudinal study presented at the annual meeting of the American Academy of Addiction Psychiatry.

Dr. Hon Ho and associates from the department of psychiatry at the University of Colorado, Denver, examined data from the National Longitudinal Study of Adolescent Health, a national probability sample of individuals who were surveyed several times over a 14-year period on social, economic, psychological, and medical topics.

The sample included 10,778 female and 10,519 male participants who were between the ages of 11 and 21 in the mid-1990s, when the first and second waves of interviews were conducted. About half the sample was white; 23% were African American; 13%, Hispanic, 8%, Asian, and 2%, Native American.

Median age at Wave 1 was 16 years, and at Wave 3 (2001-2002), 22. Dr. Ho combined responses from Waves 1 and 2, which represented only a few years (1994-1996) and then tracked temporal patterns between first stated use of cannabis and the first indicator of depression based on the Center for Epidemiologic Studies–Depression (CES-D) scale.

Prior cannabis use proved to be a statistically significant predictor of later depression after adjustment for age, sex, race, socioeconomic status, and drug and alcohol use.

The relative risk for depression after any cannabis use was 1.27, compared with nonusers. That risk increased to 1.33 among people who reported using cannabis on 10 or more occasions.

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There are policy and practice implications, said Dr. Hon Ho.

Low socioeconomic status and black, Native American, or Asian race were also predictive of later depression; being male was a protective factor, Dr. Ho reported.

The investigators then examined the reverse scenario: depression at Waves 1 or 2 and cannabis use at Wave 3, but found no significant temporal relationship. "Depression did not seem to increase risk of cannabis use at a later time," he said.

The large sample size was a strength of the study, but reliance on self-reported behaviors and the lack of more precise dose information about cannabis use compromised the study's ability to determine causality, rather than a mere association.

Nonetheless, the findings do have some policy and practice implications, particularly as local governments consider easing restrictions on marijuana purchasing and use for medicinal purposes. The association of early cannabis use with later depression is "definitely something we want to consider," both societally and in counseling of adolescents and families, he said. ■

VITALS

Major Findings: The relative risk for depression after any cannabis use was 1.27, compared with nonusers, and 1.33 after use on 10 or more occasions.

Data Source: The National Longitudinal Study of Adolescent Health, involving more than 21,000 subjects.

Disclosures: The researchers received federal funding for the study. They reported no financial conflicts of interest.