Older Men Less Likely to Receive Depression Tx

BY ROXANNA GUILFORD-BLAKE

FROM THE ANNUAL MEETING OF THE AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY

SAVANNAH, GA. — Older Mexican American and white non-Hispanic men are undertreated for depression, possibly because they talk about the depression experience differently from the way in which women do, preliminary findings from the Men's Health and Aging Study show.

MeHAS examines depression in Mexican American and white non-Hispanic men aged 60 years and older in primary care. It explores how those men experience depression and considers the factors that impede or facilitate care.

The cross-sectional, mixed-method study, when complete, will comprise 96 Mexican American and white non-Hispanic subjects with recent depression. It also will include 48 of their primary care physicians, said principal investigator Dr. Ladson Hinton of the University of California, Davis, and his colleagues when they presented preliminary findings.

Previous research has established that depression is more prevalent in women, but men are less likely to seek treatment. "Women are more likely to be treated for depression; men are more likely to kill themselves," Dr. Hinton said.

Older age and its attendant comorbidities can make identification of depression more challenging, he noted.

The preliminary findings drew on screening data from more than 190 men, 74 of whom were eligible for the study. Results from analyses of the first 36 qualitative interviews with eligible men also were presented. The study sample was drawn from a public hospital outpatient clinic and a university outpatient clinic. Future participants will be drawn from other settings.

All of the candidates undergo a brief screening. Eligible participants complete a quantitative interview, then undergo a qualitative interview that includes discussions about childhood, occupational history, migration, family, the experience of depression, health, views of aging, family and social responses to depression, suicide, formal care, and help-seeking attitudes.

Dr. Jürgen Unützer of the University of Washington, Seattle, and the University of California, Los Angeles, reviewed the data from the initial two-stage screening.

Nearly half (48%) of the eligible participants had suicidal thoughts in the previous year; 23% reported such thoughts in the previous month. A third (33%) reported the loss of a loved one in the previous year.

Of the eligible participants, 72% rated their health as fair or poor. Nearly three-quarters (74%) received prescriptions for pain. In contrast, 46% received a prescription for depression; 15% received counseling or psychotherapy.

"We're confirming earlier research about particularly low rates of treatment among older men from ethic minority groups," he reported. Mexican Americans, especially those who primarily speak Spanish, have the lowest rates of treatment.

Judith C. Barker, Ph.D., of the University of California, San Francisco, discussed the extended interviews vis-à-vis notions of male roles and masculinity.

Of the 74 men who were eligible for the study, 52 have participated in the qualitative interview. Dr. Barker presented on the first 36 interviews that have been transcribed and analyzed.

What emerges is a picture of men whose sense of manhood is tied into being productive; depression appears to be communicated in the language of lost productivity.

These men perceived loss of productivity as a threat to identity—especially in terms of masculinity and male roles. The interviewees did not want to be a burden. She noted that the issue has come up in research related to other chronic conditions, but not to the same extent as when older men talk about depression.

She quoted one of the interviewees: "A man's got to take care of the responsibilities, no matter what they are. You know what I mean? He can't be a burden on anybody. I started right away [after my marriage] taking care of me and my wife."

In the interviews, the men don't use "red flag" words, such as "blue" or "sad," Dr. Barker reported. They talk about productivity. She cites an interview in which a 60-year-old white non-Hispanic male said: "I never used to, but lately I have to ask for help sometimes. Physically, there's things you can't do. I used to do everything by myself. … It don't make me feel bad, but I don't like it. … You're not supposed to do that. You are supposed to do it on your own."

Because older men talk about depression differently from the way women do, clinicians might be less adept at recognizing depression—and its expressions—in them, leading to undertreatment.

Because older men talk about depression differently from the way women do, clinicians might be less adept at recognizing depression—and its expressions—in them, she said. "Health care professionals need to expand their repertoires for detecting depression."

They should encourage older men to report and discuss changes in work, health, and family contexts and "assess the reported emotional impact of these changes for possible depression," Dr. Barker said. "Overall, the degree of distress wrought by these losses that the men were talking about was expressed similarly for both groups of men."

Dr. Barker did identify some differences. Mexican American men linked these losses with impacts on the family more than white non-Hispanic men did. "Mexican men's concerns about the family versus [white non-Hispanic] men's more individualized issues are definitely consistent with a large and diverse literature on these population groups," she said.

Lack of productivity was linked to an inability to provide for or take care of family members. White non-Hispanic men, however, were more likely to directly link it to physical disability that affected them as individuals.

Ester Carolina Apesoa-Varano, Ph.D., of the University of California, Davis, addressed family issues that emerged from the interviews.

Families play a dual role, both facilitating and serving as barriers to the treatment of depression. Drawing from the participants' accounts, she observed men often perceive a lack of support for their depression.

"Families tend to normalize depression as a part of aging," she said. That can inhibit care seeking. They also can stigmatize depression, making men less willing to disclose their feelings and less likely to seek formal care, she added.

Conversely, families facilitate care by being involved in daily support and helping the men cope, and by being engaged in illness management such as helping with driving and medications.

Finally, they are often present during the office visits. Generally, having family present during a medical visit is considered a "good thing," but their presence in clinical encounters "is a trickier situation," she said, because although it can sometimes facilitate care, it can also be a hindrance. Again, issues of masculinity come into play. Men talk about not wanting to be a burden, so the family's presence might inhibit full disclosure of their feelings and experiences.

Clinicians should actively elicit information about the family and then decide how best to include them. If appropriate, they should provide opportunities for the family to participate in treatment. But this might not always be appropriate. Providers need to tailor their treatment and approach based on what they know of the family's role, she said.

More research is needed to understand the role of the family, Dr. Apesoa-Varano said. ■

Disclosures: *None of the presenters disclosed any conflicts. MeHAS is funded by the National Institute for Mental Health.*

Screen for Depression in Obstructive Sleep Apnea Patients

BY HEIDI SPLETE

FROM THE TRIOLOGICAL SOCIETY COMBINED SECTIONS MEETING

ORLANDO — Obstructive sleep apnea patients with symptoms of excessive sleepiness have the greatest risk of depression, based on data from a prospective study of 107 adults.

Data from previous studies have shown that self-reported depression is more common among women with obstructive sleep apnea (OSA) compared with men with OSA, but data on the relationship among depression, severity of OSA, and sleepiness are limited, said Dr. Stacey Ishman of Johns Hopkins University, Baltimore.

Dr. Ishman and her colleagues evaluated 56 consecutive OSA patients aged 27-74 years who presented to an otolaryngology clinic and compared them with 51 controls. The average age of patients and controls was 47 years; 61% of the OSA patients were male.

Overall, significantly more OSA patients met the criteria for depression, compared with controls (29% vs. 8%). The severity of OSA (measured using the Respiratory Disturbance Index) was a significant predictor of Beck Depression Inventory (BDI) scores, but BDI scores were not correlated with the severity of OSA.

VITALS

Major Finding: 29% of patients with OSA met criteria for depression, compared with 8% of controls.

Data Source: Prospective study of 56 obstructive sleep apnea patients at an otolaryngology clinic.

Disclosures: Dr. Ishman had no financial conflicts.

These findings suggest that "depression may be significant even in patients with mild OSA," Dr. Ishman said at the meeting jointly sponsored by the Triological Society and the American College of Surgeons.

BDI scores were significantly correlated with higher scores on the Epworth Sleepiness Scale (ESS), but the ESS did not correlate with the severity of sleep apnea. However, findings from previous studies have shown that more than 50% of individuals with severe OSA (an apnea-hypopnea index of at least 30 events/hour) do not report subjective sleepiness, she noted.

The relationship between BDI and ESS suggests that OSA patients with excessive sleepiness in particular might benefit from depression screening, she said. ■