

Major Depression in Hispanic Americans Living in USA

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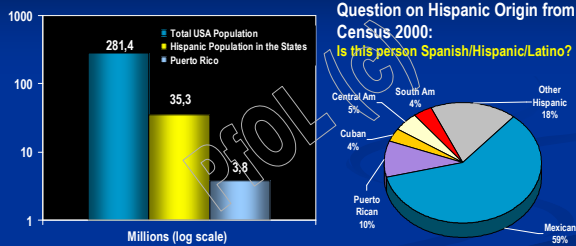


Now it is clear that to be culturally valid, comparative epidemiological and clinical studies need to do more than to follow a rigorous model of translation, back-translation, semantic adjustment, and validation of instruments.

Guarnaccia et al. 1990, p. 1455*

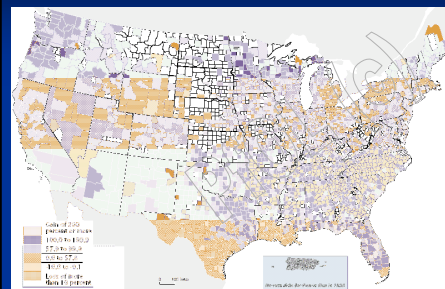
* Guarnaccia PJ, Good BJ, Kleinman A: A critical review of epidemiological studies of Puerto Rican mental health. *Am J Psychiatry* 147:1449-1456, 1990

U.S.A. Population (2000)¹



1. U.S. Department of Commerce, U.S. Census Bureau. Internet Release date: December 28, 2000

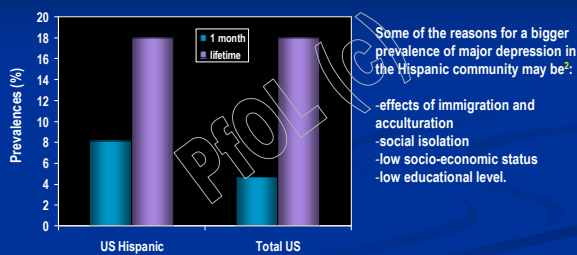
Percent Change, 1990 to 2000 - Hispanic or Latino Origin



Hispanic population in the U.S. has increased 57.9% vs. 13.2% for total US population since 1990¹.

1. U.S. Department of Commerce, U.S. Census Bureau. Internet Release date: December 28, 2000

Rates of Major Depression in Hispanic Population Living in US¹

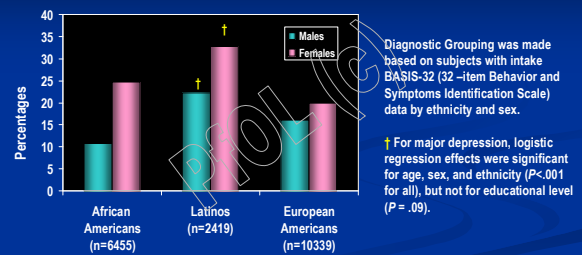


Some of the reasons for a bigger prevalence of major depression in the Hispanic community may be:

- effects of immigration and acculturation
- social isolation
- low socio-economic status
- low educational level.

1. Blazer DG, et al. *Am J Psychiatry* 1994;151:979-986; 2. Golding JM, Lipton RJ. *J Psychiatr Res* 1990;24:65-82

Major Depression Could be More Frequent in Latino, Than in African American, and European American Populations...



Diagnostic Grouping was made based on subjects with intake BASIS-32 (32-item Behavior and Symptoms Identification Scale) data by ethnicity and sex.

† For major depression, logistic regression effects were significant for age, sex, and ethnicity ($P < .001$ for all), but not for educational level ($P = .09$).

Minsky, S et al. *Arch Gen Psychiatry* 2003;60:637-644

... But, Major Depression in Hispanic Population is Poorly Diagnosed...

- None of the Hispanics with mild to severe major depression at a public health clinic in San Diego, CA, had received treatment for depression. Physicians were not aware that patients' somatic complaints might have been a manifestation of a major depressive disorder.
- Possible reasons for the **missed diagnosis** of major depression in Hispanics:
 - Tendency to somatize rather than present with psychological problems
 - Lack of access to mental health resources
 - Language and cultural barriers
 - Stigma of mental illness in the Hispanic community.

Muñoz RA, et al. *Ann Clin Psychiatry* 1990;2:115-120

... And Latino Patients Have Less Access to Health Service Systems

- African Americans and Latinos are underrepresented in mental health service systems across the nation, compared with European Americans^{1,2}.
- Latinos may be viewed by clinicians as presenting in a more subdued, avoidant, and less assertive manner than others, and to evidence an external locus of control that can be interpreted as hopelessness or helplessness³.
- English-Spanish translation and interpretation issues add to the complexity of clinical interactions leading to diagnoses⁴.

1. Snowden LR. *Ment Health Serv Res.* 2001;3:181-187; 2. Wells K, et al. *Am J Psychiatry.* 2001;158:2027-2032; 3. Talavera GA, et al. *Am J Prev Med.* 1997;13:408-410; 4. Vega WA, Lopez SR. *Ment Health Serv Res.* 2001;3:189-200

Suicide Behavior Rates Are Lower in Hispanics Than in Non-Hispanic Whites...

- ECA data:
 - Hispanics with MDD have higher risk of suicide attempts than Hispanics with other psychiatric diagnoses.
 - Hispanic white women reported more suicide behavior than did men.
 - Divorced or separated individuals had higher rates of suicide behavior.
 - Hispanics of higher educational status were at higher risk for suicide behavior
- Los Angeles ECA study: Rate of suicide attempts reported by Hispanics is approximately two-thirds that reported by non-Hispanic whites (3.2% vs. 5.1%)

Sorenson SB, Golding JM. *Suicide Life Threat Behav* 1988;18:205-218

... But Puerto Ricans Had Higher Suicide Attempt Rates Compared With Other Groups

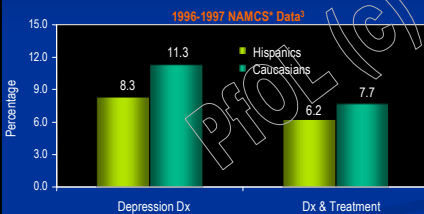
Percentage of sample with a lifetime major depression and with a lifetime history of suicide attempt (standard error)

	n	Depression	χ^2	P	Suicide attempt	χ^2	P
ECA							
Whites	9,872	6.52 (0.25)	25.78	0.0001	3.26 (0.18)	0.21	0.64
Blacks	3,663	4.57 (0.35)	0.67	0.41	2.69 (0.27)	1.04	0.31
LA Hispanics	1,164	5.17 (0.64)	2.10	0.15	3.72 (0.55)	1.10	0.29
HHANES							
Mexican	3,555	4.17 (0.33)			3.10 (0.29)		
Cuban	907	3.24 (0.66)	1.61	0.20	1.94 (0.46)	3.33	0.07
Puerto Rican	1,353	9.27 (0.79)	46.06	0.0001	9.05 (0.78)	70.59	0.0001
Total	20,514	5.71 (0.16)			3.48 (0.13)		

Oquendo et al. *Acta Psychiatr Scand* 2004; 110: 446-451.

Major Depression in the Hispanic Population is Poorly Diagnosed and Treated

- Despite the high prevalence of depression in the Hispanic community, some studies have shown lower rates of depression diagnosis, treatment, and access to treatment^{1,2,3}



The use of an SSRI was 65.8% for Caucasians, and only 48.6% for Hispanics (unadjusted for population or age), showing a decrease of 11.2% respectively to the previous period (1995-1996)

¹NAMCS = National Ambulatory Medical Care Survey

1. Muñoz RA, et al. *Ann Clin Psychiatry*. 1990;2:115-120; 2. Gross R, et al. *J Gen Intern Med.* 2005;20:in press; 3. Skaer TL, et al. *Clin Ther.* 2000;22:1575-1589.

Hispanic Patients Have Less Access to Health Service Systems

- Compared with Caucasians, African Americans and Hispanics have striking disparities in mental health care:^{1,2,3,5}
 - Less likely to receive services
 - Poorer quality of care
 - Underrepresented in mental health research
- Hispanics may be viewed by clinicians as presenting in a more subdued, avoidant, and less assertive manner than others
 - External locus of control – interpreted as hopeless or helpless⁴
- English-Spanish translation and interpretation issues add to the complexity of clinical interactions leading to diagnoses⁵

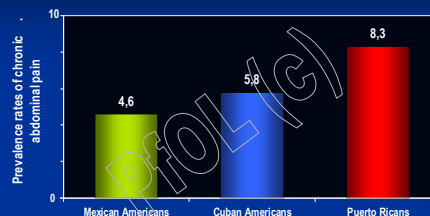
1. Snowden LR. *Ment Health Serv Res.* 2001;3:181-187; 2. Wells K, et al. *Am J Psychiatry.* 2001;158:2027-2032; 3. Surgeon General's Report on Mental Health: Race, Culture, and Ethnicity. 2001; 4. Minsky S, et al. *Arch Gen Psych.* 2003;60:637-644; 5. Vega WA and Lopez SR. *Ment Health Serv Res.* 2001;3:189-200.

Reasons Missed Diagnoses

- Possible reasons for a missed diagnosis of major depression in Hispanics:^{1,2,3}
 - Different culturally-patterned forms of distress and disorder
 - Tendency to somatize rather than present with psychological problems
 - Lack of access to mental health resources
 - Language and cultural barriers
 - Stigma of mental illness in the Hispanic community
 - Treatment sought in primary care settings⁴

1. Muñoz RA, et al. *Ann Clin Psychiatry*. 1990;2:115-120; 2. Rogler, et al. *Am J Psychiatry*. 1989;146:296-303; 3. US Dept. of Health & Human Services, 2001. Available at: <http://www.mindfully.org/Health/Mental-Health-Ethnicity.htm>; 4. *Mental Health: Culture, Race, and Ethnicity*. 2001. A Supplement to *Mental Health: A Report of the Surgeon General*. 2000.

Differences Between Hispanics With Major Depression Diagnosis in Somatization¹



In other study, Puerto Ricans presented higher levels of somatization than Mexican Americans and European Americans².

1. Magni G, et al. *Pain* 1992;49:77-85; 2. Shrout PE, et al. *Am J Community Psychol* 1992;20:729-752

Psychiatrists' Level of Recognition of Somatic Symptoms in Patients with a Major Depression Episode¹

Type of Pain (N=125)	Kappa Coef.*	Sensitivity (%)
Hand	0.5788	64.52
Abdominal	0.5710	57.14
Shoulder	0.5303	46.67
Back	0.4180	62.71
Head	0.4008	77.22
Knee	0.4034	39.13
Leg	0.3826	33.33
Foot	0.3736	44.44
No Pain Symptoms	0.00 - 0.32	6.8 - 28.5

* > 0.75 = high degree of agreement beyond chance, 0.40 to 0.75 = fair agreement; < 0.40 = low degree of agreement

Psychiatrists attempt to "normalize" the physical symptoms expressed by their patients and tend to refer them to other specialists²

1. Tamayo JM, et al. *APA Meeting, Atlanta, GA. May 21-26, 2005* 2. Bass C, et al. *Br J Psychiatry* 2001, 179:11-14.

Cultural Dimensions in the Diagnosis of the Depression in Hispanic Patients

- For a Hispanic patient with depression, consider¹:
 - The cultural components of the provision of health services.
 - The involvement of several members of its nuclear family.
 - Recognize and respect patient and family expectations (include narrow interpersonal entailment and genuine expressions of affection).
 - Tendency to somatize rather than present with psychological problems².

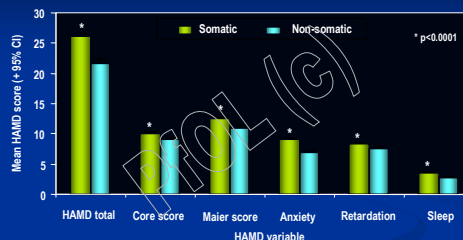
1. Cross, CL et al. *Towards a Culturally Competent System of Care*. 1989; 2. Muñoz RA, et al. *Ann Clin Psychiatry* 1990;2:115-120

Somatization in Hispanic Patients With Major Depression Diagnosis

- Somatization is common to all cultures. However, there are differences in the styles of expression and attribution of symptoms according to the beliefs and health practices of each culture^{1,3}.
- Latin Americans with major depression present with more somatic symptoms than do their North American counterparts^{4,5}.
- Possible causes for greater somatization among Hispanics¹:
 - attempt to legitimize care-seeking behavior
 - wish to avoid the stigma associated with mental illness.
 - different idioms of distress.

1. Isaac M, et al. *J Ment Health* 1996;5:219-222; 2. Kirmayer LJ, Young A. *Psychosomatic Med* 1996;60:420-430; 3. Keyes CLM, Ryff CD. *Social Science & Medicine* 2003;57:1833-1845; 4. Escobar JL, et al. *Am J Psychiatry* 1983;140:47-51; 5. Mezzich JE, Raab ES. *Arch Gen Psychiatry* 1990;37:818-823; 6. Kirmayer LJ, et al. *Can J Psychiatry* 1994, 39:584-595; 7. Minsky, S et al. *Arch Gen Psychiatry* 2003;60:637-644

Relationship Between Somatic Symptoms and Depression Severity in Latino Patients (n=989)



After adjusting for age, sex, SSI mean score and country, differences between SS+ and SS- patients for HAM-D total were still highly significant (p<0.0001).

Muñoz RA, et al. *J Affect Disord* 2005;86:93-98.

Costs of Failure to Detect Somatic Symptoms in Patients With Major Depression (1)

Patients with major depression and somatic symptoms have:

- A greater number of referrals for secondary care and additional clinical work-up and tests¹.
- Higher rates of health resources utilization than for the general population and for all depressed patients^{2,3}.
- Highest rates of loss of productive time⁴.
- Higher rate of unemployment⁵.
- Poor level of response to antidepressant treatment⁶.

1. Reid S, et al. Br J Psychiatry 2002;180:249-253; 2. Smith GR. Psychosomatics 1994;35:263-267; 3. Katon W, Schulberg HC. Gen Hosp Psychiatry 1992;14:237-247; 4. Stewart WF, et al. JAMA 2003;289:3135-3144; 5. Tamayo JM, et al. APA Meeting, Atlanta, GA, May 21-26, 2005; 6. Papakostas GI, et al. Psychiatry Res 2003;118:39-45

Costs of Failure to Detect Somatic Symptoms in Patients With Major Depression (2)

Patients with major depression and somatic symptoms have:

- Poor compliance with therapy⁷.
- Major risk of recurrences⁸.
- Later initiation of the antidepressant action⁹.
- Less opportunities for response or complete remission of the depressive episode^{8,10,11,12,13}.
- Less quality of life than for non-somatic depressed patients¹⁴.

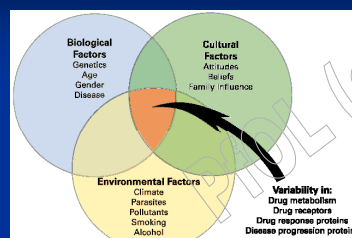
5. Tamayo JM, et al. APA Meeting, Atlanta, GA, May 21-26, 2005; 7. Agosti V, et al. Int Clin Psychopharmacol 2002;17:311-314; 8. Judd LL, et al. Am J Psychiatry 2000;157:1501-1504; 9. Papakostas GI, et al. J Clin Psychiatry 2004;65:543-546; 10. Paykel ES, et al. Psychol Med 1995;25:1171-1180; 11. Fava M. J Clin Psychiatry 2005;64 Suppl 7:24-28; 12. Bain MJ, et al. Psychosom Med 2004;66:17-22; 13. Fava M, et al. J Clin Psychiatry 2004;65:521-530; 14. Muñoz RA, et al. J Affect Disord 2005;86:93-98

Special Issues in the Psychopharmacological Management of Hispanic Americans

- Sociocultural factors, therapeutic alliance, and the placebo effect may exert even more powerful influences on diagnosis and treatment outcome than the pharmacokinetic or pharmacodynamic variables^{1,2}. Sociocultural factors can affect:
 - Clinicians' prescription patterns¹.
 - Medication adherence and compliance^{3,4}.
 - The interpretation of both therapeutic and adverse effects^{5,6}.
 - Acceptability of antidepressant medication⁷.

1. Smith M, et al. "Non-biological" issues affecting psychopharmacotherapy: cultural considerations in Psychopharmacology and Psychobiology of Ethnicity. American Psychiatric Press, 1993, pp 37-59; 2. Marin H, Escobar J. Psychopharmacol Bull 2001;35:197-212; 3. Kinzie JD, et al. J Nerv Ment Dis 1997;175:400-403; 4. Sclar DA, et al. Harv Rev Psychiatry 1999;7:29-36; 5. Lee S, et al. Aust N Z J Psychiatry 1992;26:444-449; 6. Marcos LR, Cancro R. Am J Psychother 1982;36:505-512; 7. Cooper LA et al. Med Care 2003;41:479-489.

Factors Contributing to Variability in Drug Response



Most of the pharmacogenetic research applies to African Americans, Asians, and Caucasians and fewer studies have specifically targeted Hispanics^{1,2}.
No important differences in the metabolism of medicines between Hispanics and Caucasians have been reported^{3,4,5,6,7}.

1. Poolson N, et al. J Clin Pharm Ther 2000;25:97-220; 2. Burroughs VJ, et al. Cultural and Genetic Diversity in America: The Need for Individualized Pharmaceutical Treatment. NPC & NMA, November, 2002; 3. Ball SE, et al. Clin Pharmacol Ther 1989; 66:228-234; 4. Issa CA, et al. Methods Find Exp Clin Pharmacol 2000; 22:695-705; 5. Jorge LP, et al. Pharmacogenetics 1999; 9:217-226; 6. Mendoza R, et al. Clin Pharmacol Ther 2001; 70:552-560; 7. Poland RA, et al. Clin Pharmacol Ther 2002; 72:288-293

Conclusions (1)

- Hispanic population in the U.S. has increased 57.9% since 1990.
- Major Depression Could be More Frequent in Latino, than in African American, and European American Populations, Despite that, the Latinos are underrepresented in mental health service systems across the nation.
- Puerto Ricans had the highest rates of depression and suicide attempts among the Hispanic populations in the US.
- For a Hispanic patient with depression, the cultural components of the provision of health services and handling styles are characteristics of crucial importance.

Conclusions (2)

- A tendency for greater somatization has been observed among Hispanics with depression. However, the level of recognition of somatic symptoms by their psychiatrists is low.
- Failure to detect somatic symptoms in depressed patients may have significant implications in the cost of treatment. i.e., Latino patients with somatic symptoms are more severely depressed than those with non-somatic symptoms.
- Hispanic patients have been reported to require lower doses of antidepressants and to experience more side effects compared with Caucasians, however few studies have been able to show important differences between both population groups