

9-1-2010

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Recommended Citation

O'Connor, Julie (2010) "Major Depressive Disorder: Too Many Patients; Too Few Treated," *New Science*: Vol. 18: Iss. 1, Article 8.
Available at: <http://digitalcommons.wayne.edu/newscience/vol18/iss1/8>

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Major Depressive Disorder

Too many patients; too few treated

by Julie O'Connor

Only about half of Americans diagnosed with major depression in a given year receive treatment for it and even fewer – about one-fifth – receive treatment consistent with current practice guidelines, according to data from national surveys supported by the National Institute of Mental Health of the National Institutes of Health. Among the groups surveyed, African-Americans and Mexican-Americans are truly falling through the cracks, having the lowest rates of depression care.

Major depressive disorders (MDD) is the main cause of disability in the United States, and it is projected that over the next 20 years MDD will be the second leading cause of disability around the globe.

A team of researchers from Wayne State University, the University of Michigan, the University of California, Los Angeles and Harvard University have given a more detailed picture of the care received for major depression among different ethnic/racial groups and factors that contribute to disparities. Their paper published in the January 2010 edition of the *Archives of General Psychiatry* reports that too few Americans with recent major depressive disorders receive adequate depression care, and most receive no care at all. Of those receiving care, most received psychotherapy versus medication treatment.

African-Americans and Mexican-Americans, in particular, may be facing greater barriers to mental health care. "Contrary to our expectations that most Americans with depression would be using antidepressant drugs, we actually found higher psychotherapy use, especially among ethnic and

racial minorities," said Hector González, assistant professor, Institute of Gerontology and Family Medicine and Public Health Sciences Department in the School of Medicine at Wayne State University.

Mexican-Americans make up more than two-thirds of Latinos in the U.S. "We found in our study that there are really distinctive differences in mental health care use between Mexican-Americans and other Latino subgroups that have not been previously reported," said González. The authors note that Latinos will make up one-third of the U.S. population by mid-century, and suggest that Mexican-Americans should be a focus of efforts to reduce health disparities to ensure the nation's health in coming decades.

The authors provided evidence of well-defined disparities in depression care that mostly affected African-Americans and Mexican-Americans. "The problem with most previous research we have seen is that ethnic groups, particularly Latinos, are inappropriately lumped together rather than examining important ethnic subgroups," said González. "I believe our study sets a new standard for understanding health care access disparities."

All groups were more likely to have received psychotherapy than pharmacotherapy. Caribbean blacks and African-Americans were particularly unlikely to receive pharmacotherapy consistent with APA guidelines; enabling factors such as education, health insurance, and income did not explain the lower rates of medication use. The authors note possible reasons for this, including research indicating that perceived discrimination can shape health care seeking. They speculate that



About Dr. Hector González:

Dr. González received a B.S. in psychology from the University of New Mexico and a Ph.D. in clinical psychology, behavioral medicine and health psychology from the California School of Professional Psychology, San Diego. He joined Wayne State University in 2005.

the non-immigrant status of Puerto Ricans—and with that, greater predominance of English language use within this group—may be factors in their relatively high rates of health care use.

Findings from this study will inform future research on adherence to various depression therapies, and the factors that shape differences in care among racial/ethnic groups. "Future studies," said the authors, "should explore the extent to which patients' subjective experiences of racial bias may affect their access and utilization of mental health care."

The other researchers participating in this study are William Vega of UCLA's Department of Family Medicine, David Williams of Harvard School of Public Health, Wassim Tarraf of WSU's Institute of Gerontology and Department of Family Medicine, and Brady West and Harold Neighbors of the University of Michigan's Center for Statistical Consultation and Research and Institute of Social Research, respectively.

For further information about this study, please visit http://research.wayne.edu/communications/forms/gonzalez_depression_care_12-15-09_-_journal_synopsis.doc

