



Conditional risk for PTSD among Latinos: A systematic review of racial/ethnic differences and sociocultural explanations



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HIGHLIGHTS

- ▶ We evaluate 28 articles on racial/ethnic differences in conditional risk for PTSD.
- ▶ Evidence of Latino and non-Latino White differences in PTSD severity and PTSD onset.
- ▶ Mixed support for differences in conditional PTSD prevalence and persistence.
- ▶ No differences in PTSD observed when clinicians administer diagnostic interviews.
- ▶ Support for racial/ethnic variation in peri-traumatic responses and PTSD structure.

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ABSTRACT

Conditional risk for Posttraumatic Stress Disorder (PTSD)—defined as prevalence, onset, persistence, or severity of PTSD after traumatic exposure—appears to be higher among Latinos relative to non-Latinos after accounting for sociodemographic factors. This systematic review focuses on differences in conditional risk for PTSD between Latinos and non-Latinos (White, Black, or combined) and across Latino subgroups in studies that adjust for trauma exposure. We discuss methodological characteristics of existing articles and sociocultural explanatory factors. Electronic bibliographic searches were conducted for English-language articles published in peer-reviewed journals between 1991 and 2012. We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Twenty-eight articles met inclusion criteria. Consistent support was found for elevated rates of PTSD onset and PTSD severity among Latinos relative to non-Latino Whites. The evidence on racial/ethnic differences in conditional risk for PTSD prevalence and PTSD persistence is mixed. Twenty-four articles evaluated sociocultural explanations, with the strongest support found for racial/ethnic variation in peri-traumatic responses and structure of PTSD. There were also consistent main effects for social disadvantage in studies that simultaneously adjusted for effects of race/ethnicity. Future research should use theoretically-driven models to formally test for interactions between sociocultural factors, race/ethnicity, and PTSD probability.

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1. Introduction

Posttraumatic Stress Disorder (PTSD) represents a major public health problem worldwide. PTSD is associated with significant role impairment (Alonso et al., 2011), increased risk of suicidal behavior (Nock et al., 2009; Stein et al., 2010), and co-occurring physical health conditions and psychiatric disorders across developing and developed countries (Sareen, Cox, Clara, & Asmundson, 2005). In the United States, the lifetime prevalence of PTSD differs slightly between Latinos (4.4%–7.0%), non-Latino Whites (6.5%–7.4%), and non-Latino Blacks (8.6%–8.7%) (Alegría et al., 2008; Asnaani, Richey, Dimaité, Hinton, & Hofmann, 2010; Roberts, Gilman, Breslau, Breslau, & Koenen, 2010). These numerical differences in prevalence, however, are not always observed and usually not statistically significant (Breslau et al., 1998; Kessler, Sonnega, Bromet, & Hughes, 1995). Yet, when focusing on differences in *conditional risk for PTSD*, defined as the risk of developing a PTSD diagnosis or PTSD symptoms, of endorsing more severe PTSD symptoms, or of experiencing more persistent PTSD over time, once exposed to one or more traumatic event(s), retrospective and prospective research suggests the conditional risk for PTSD is higher among Latinos than non-Latinos (White, Black, or combined comparison group).

To our knowledge, the earliest empirical articles to document higher conditional risk for PTSD among Latinos relative to non-Latinos were based on data obtained from the National Vietnam Veterans Readjustment Study (NVVRS, Kulka et al., 1990). The NVVRS was conducted between 1987 and 1988 and drew from a national probability sample of veterans and civilians. Kulka et al.'s (1990) work showed that Latino male theater veterans had a higher point prevalence of PTSD than non-Latino Whites and Blacks more than a decade after the end of the Vietnam War, even after adjusting for war-zone stress and individual-level predisposing factors. Yet, several studies published since Kulka et al.'s seminal report in 1990 indicate these Latino and non-Latino White and Black differences in PTSD lose statistical significance after accounting for sociodemographic and trauma-related factors (e.g., pre-military and post-military socioeconomic status, trauma characteristics) (Dohrenwend, Turner, Turse, Lewis-Fernández, & Yager, 2008; Lewis-Fernández et al., 2008). Other studies, by contrast, continue to document significant between-group variation in conditional PTSD risk among the NVVRS sample (Fontana & Rosenheck, 1994; Ortega & Rosenheck, 2000).

Prior reviews on racial/ethnic variation in PTSD prevalence have identified various sociocultural factors that may serve as potential mediators in the relationship between Latino ethnicity and PTSD. These include racial/ethnic variation in the tendency to experience a peritraumatic response, social disadvantage, cultural values of familism and fatalism, acculturation, differential expressive styles, structure of PTSD, and posttrauma coping (Pole, Gone, & Kulkarni, 2008; Ruef, Litz,

& Schlenger, 2000). For example, some authors propose differences in adherence to culturally-based expressive styles or values such as familism and fatalism may influence endorsement patterns and coping responses, and subsequently affect PTSD estimates among Latinos. In particular, Latinos may over-endorse or over-report PTSD symptoms as a function of a cultural predisposition to amplify symptom experience during the experience itself, a tendency to report more symptoms subsequent to the experience despite the same level of resulting clinical severity, or to both kinds of expressiveness (Ortega & Rosenheck, 2000; Ruef et al., 2000), which would result in elevated PTSD symptoms and prevalence rates. Furthermore, the extent to which Latinos relative to non-Latinos adhere to cultural values of fatalism (deterministic notions that the causal influence of external forces is greater than the causal influence of individual/internal forces), or familism (prioritization of interconnectedness among members of the family unit, and family priorities above individual priorities) (Laria & Lewis-Fernández, 2006; Sabogal, Marín, Otero-Sabogal, & Marín, 1987) may mediate coping styles and behavioral decisions to seek treatment. To this end, Latinos with greater adherence to these cultural values may be more likely to engage in passive coping and less likely to seek medical treatment or consult outside of the family system in the context of posttraumatic stress (Neff & Hoppe, 1993; Perilla, Norris, & Lavizzo, 2002).

Extant reviews of racial/ethnic variation in PTSD are hampered by three major limitations. First, prior reviews focused narrowly on specific subsamples (e.g., Vietnam veterans in the NVVRS) or did not adjust for trauma exposure. Second, within-Latino group differences in PTSD were never explored. Third, the role of sociocultural factors in Latino and non-Latino differences in PTSD probability was not examined systematically. Hence, whether there are *true* differences between Latinos and non-Latinos (and across Latino subgroups) in the risk of developing and/or maintaining PTSD after adjusting for differential rates of trauma exposure remains unclear. Moreover, much less is known about potential sociocultural factors that could contribute to this variation in conditional risk for PTSD across Latino subgroups and between Latinos and non-Latinos (for brief reviews see Hinton & Lewis-Fernandez, 2011; Pole et al., 2008).

Herein, we conduct a systematic review of the literature on Latino and non-Latino differences in conditional risk for PTSD in order to: (a) summarize the methodological characteristics of included articles, (b) evaluate the methodological quality and risk of bias within and across selected articles, (c) examine the extent to which there are consistent differences between Latinos and non-Latinos (White, Black, or Combined) and across Latino subgroups in conditional risk for PTSD as assessed across a range of PTSD indicators, and (d) identify and describe tested sociocultural explanatory factors.

We focus our review on Latino and non-Latino between-group differences and within-Latino group differences in conditional risk for

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