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Disparities in psychosocial functioning in a diverse sample of adults with anxiety disorders

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ABSTRACT

Anxiety disorders are associated with psychosocial functional impairments, but no study has compared how these impairments might vary by ethno-racial status. We examined whether minority status was uniquely associated with functional impairments in 431 adults with anxiety disorders. Functioning was measured in the rater-assessed domains of: Global Assessment of Functioning (GAF); global psychosocial functioning; work, relationship, and recreational functioning; and, self-reported: life satisfaction, mental health functioning, physical functioning, and disability status. After controlling for demographic and clinical variables, results revealed evidence of disparities, whereby African Americans (AAs), particularly those with low income, had worse GAF, worse global psychosocial functioning, and were more likely to be disabled compared to non-Latino Whites. Latinos, particularly those with low income, had worse global psychosocial functioning than non-Latino Whites. Results suggest AAs and Latinos are at increased risk for functional impairments not better accounted for by other demographic or clinical variables.

1. Introduction

Anxiety disorders are the most common class of psychiatric disorders, with over 28% of the population meeting criteria for an anxiety disorder at some point in their lifetime (Kessler, Chiu, Demler, Merikangas, & Walters, 2005). Undoubtedly, the manifestation of anxiety symptoms and correlates of their severity have important implications for treatment decision-making. Additionally, anxiety's relationship to psychosocial impairments in functioning and correlates thereof are important to clinicians and patients alike, particularly because data show that impairments persist even when symptoms reduce (Stout, Dolan, Dyck, Eisen, & Keller, 2001).

In this study, we define psychosocial functional impairments as reductions in mental functioning, ability to work, to complete activities of daily living (e.g., housework, recreational activities), or to have satisfying relationships at one's expected level. It is well established that functional impairments are associated with anxiety disorders (e.g., Beard, Weisberg, & Keller, 2010; Olatunji, Cisler, & Tolin, 2007; Sherbourne, Wells, Meredith, Jackson, & Camp, 1996). This has been shown in studies focused on single disorders (e.g., Generalized Anxiety Disorders (GAD) (Weisberg et al., 2010); Social Anxiety Disorder (SAD) (Eng, Coles, Heimberg, & Safren, 2001) as well as studies of individuals with multiple disorders. Examination of psychosocial functioning in individuals with comorbid conditions is particularly relevant to clinicians given the high rates of anxiety and mood disorder comorbidity (Brown, Campbell, Lehman, Grisham, & Mancill, 2001; Goisman, Goldenberg, Vasile, & Keller, 1995; Kessler et al., 1996; Rodriguez et al., 2004). Comorbidity is important to functioning and should be taken into account in any study focusing on potential correlates of functioning. There is limited research comparing functioning across adults with multiple anxiety disorders. However, in a study of 539 primary care patients with anxiety disorders, although all anxiety disorders had impacts on specific domains of health-related quality of life, only Posttraumatic Stress Disorder (PTSD) and Major

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Depressive Disorder (MDD) uniquely predicted worse functioning on all self-reported and interviewer-administered measures of functioning, suggesting PTSD and MDD might be most likely to exert negative effects on outcomes relative to other disorders (Beard et al., 2010).

1.1. Ethno-racial findings in mental health disparities

Relevant to understanding the role of ethno-racial diversity in mental health is the growing literature that examines how mental health disparities (MHDs) differentially impact ethno-racial minorities compared to non-Latino Whites (Whites). The Institute of Medicine defines ethnicity/race-related health disparities as, "Racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention," (IOM, 2002). A number of similar definitions have since expanded on the IOM's definition, including those by the U.S. Department of Health and Human Services and the Agency for Healthcare Research & Quality, focusing on differences in health outcomes across ethno-racial groups not better accounted for by other factors. In this study, we use a similar definition, in which we conceptualize one facet of MHDs as the persistence of functional impairments associated with ethno-racial status, after controlling for demographic and clinical covariates. These disparities could be based on individual preference or in the quality of healthcare or healthcare providers.

Despite the field's knowledge of functional impairments secondary to anxiety and mood psychopathology, very little research has been devoted to understanding how these impairments might vary according to ethno-racial status, particularly in comparing Whites to ethno-racial minorities or comparing one minority group to another minority group. This is of particular public health significance given that currently African Americans (AAs) and Latinos each comprise approximately 13% of the population, and by 2030, it is projected that approximately 35% of the U.S. population will be of these backgrounds (20% Latino and 15% AA; Census, Online). Findings from the National Comorbidity Survey-Replication (NCS-R) on the English-speaking U.S. population have estimated the lifetime prevalence of anxiety disorders to be approximately 25% in Latinos, 24% in AAs, and 29% in Whites (Breslau, Kendler, Su, Gaxiola-Aguilar, & Kessler, 2005), suggesting that similarly large proportions of English-speaking minorities are at risk for anxiety psychopathology compared to Whites. In the National Survey of American Life (NSAL; Jackson et al., 2004), which was a large epidemiologic study designed to be comparable to the NCS-R but with increased attention to ethno-racial minority populations, results indicated that the prevalence of GAD, SAD, and Panic Disorder (PD) was similar in AAs compared to Whites, but PTSD was more prevalent in AAs (Himle, Baser, Taylor, Campbell, & Jackson, 2009). Non-English speakers were not included in the NSAL. Another large epidemiological study of health outcomes in diverse groups was the National Latino and Asian American Study (NLAAS; Alegria et al., 2004). This study included monolingual Spanish-speaking Latinos; results generally indicated that non-English speaking Latinos had better mental health (Alegria, Shrout, et al., 2007). In sum, these data suggest that anxiety disorders are equally prevalent across ethno-racial groups, with some variability among Latinos depending on acculturation to the U.S. Thus, MHD findings that show worse outcomes in minorities are particularly alarming because they raise the question: Why are psychiatric outcomes worse in minorities if these disorders are similarly common across groups?

In the MHD literature, AAs have been found to have poorer health and health outcomes than Whites (Williams, 2005). Further, although AAs and Latinos report similar risk of having a psychiatric disorder, those who become ill report retrospectively more chronic disorders (Breslau et al., 2006). This suggests that there might be underlying factors that put certain ethno-racial groups, particularly underserved minorities, at increased risk for negative health outcomes. We believe consideration of MHDs is also pertinent to the study of functional impairments, as ethno-racial status might be a significant correlate of impairment not attributable to clinical diagnosis or other demographic variables, such as age, income, or education level.

However, only three studies have compared functioning in adults with anxiety disorders across ethno-racial groups. Archival data from Vietnam veterans, who met self-reported criteria for PTSD, showed that AAs had increased marital discord and lower subjective well-being compared to Whites, whereas no significant functioning differences were found in Latinos vs. Whites (Ortega & Rosenheck, 2000). However, upon closer examination of a subset of data from this sample consisting of 260 individuals assessed for PTSD using *DSM-III-R* structured diagnostic interviews (SCID), Lewis-Fernández et al. (2008) found no consistent pattern of functional differences across ethno-racial groups and that clinician-rated functioning showed minimal variability across groups. Despite decreased anxiety disorder prevalence found in the NSAL's minority cohorts compared to Whites, data indicated that AAs had greater impairment in functioning as measured by illness severity and disability (Himle et al., 2009). Although suggestive of disparities in functioning, the data are mixed and clearly more research is needed to better understand how functioning might differ according to ethno-racial status. Moreover, very few studies compared AAs to Latinos, suggesting a need for further research to determine if there are ethnic/racial differences among minorities.

1.2. Rationale for the present study

This study aimed to examine correlates of psychosocial functional impairment in AAs, Latinos, and Whites, as measured by self-report, rater-assessment, and disability status. We examined the unique variance accounted for by demographic variables, such as ethno-racial status, and clinical variables, including the unique impact of clinical diagnoses in a sample in which >80% of participants had >1 Axis I disorder. We compared each minority group to Whites in separate models and also compared both minority groups to each other. We hypothesized that among the clinical diagnoses examined, PTSD and MDD would be the most likely to be predictive of psychosocial functional impairments. We also hypothesized that AAs and Latinos, relative to Whites, would be at increased risk of functional impairments not better accounted for by other demographic or clinical variables. Given the paucity of research comparing AAs to Latinos, we explored functional differences, with no directional hypotheses, to determine if the minority subgroups would show unique vulnerabilities.

2. Methods

2.1. Participants

This study used cross-sectional data from participants in the Harvard/Brown Anxiety Research Project-Phase II (HARP-II), the first prospective, observational, longitudinal study to describe the characteristics and course of anxiety disorders in AA, Latino, and White individuals. HARP-II inclusion criteria were a current diagnosis of at least one or more of the following anxiety disorders: Panic Disorder without a history of Agoraphobia (PD), Panic Disorder with Agoraphobia (PDA), Agoraphobia without a history of Panic Disorder (AWOPD), SAD, PTSD, or GAD. Obsessive-Compulsive Disorder and Specific Phobia were not eligibility diagnoses. Presence of MDD was not an eligibility criterion but was a diagnosed comorbid condition in over 40% of the sample. Participants were at least 18 years of