

Improving Health-Related Quality of Life in Older African American and Non-Latino White Patients

Daniel E. Jimenez, Ph.D., Amy Begley, M.A., Stephen J. Bartels, M.D., Margarita Alegría, Ph.D., Stephen B. Thomas, Ph.D., Sandra C. Quinn, Ph.D., Charles F. Reynolds III, M.D.

Objective: To compare the effect of problem-solving therapy against a health-promotion intervention (dietary practices) on health-related quality of life (HRQOL) and examine if there is a differential effect on non-Latino white patients and African American patients between the two interventions. This paper also explores participant characteristics (problem-solving style and physical functioning) as potential predictors of HRQOL. **Methods:** Secondary analysis of data from a randomized depression prevention trial involving 247 older adults (154 non-Latino white, 90 African American, 3 Asian). Participants were randomly assigned to receive either problem solving therapy for primary care (PST-PC) or coaching in healthy dietary practices (DIET). **Results:** Both PST-PC and DIET improved HRQOL over two years and did not differ significantly from each other. African American patients in both conditions had greater improvements in mental health-related quality of life (MHRQOL) compared with non-Latino white patients. In addition, higher social problem-solving and physical functioning were predictive of improved MHRQOL. **Conclusion:** PST-PC and DIET have the potential to improve health-related quality of life in a culturally relevant manner. Both hold promise as effective and potentially scalable interventions that could be generalized to highly disadvantaged populations in which little attention to HRQOL has been paid. (*Am J Geriatr Psychiatry* 2015; 23:548–558)

Key Words: African Americans, health-related quality of life, problem-solving therapy, older adults, health promotion

The mental health needs of older adults are especially complex due to co-occurring physical health problems^{1–3} that contribute to compromised health-

related quality of life (HRQOL). HRQOL has been defined as an individual's perception of physical and mental health.⁴ This multidimensional construct is

Received April 14, 2014; revised July 22, 2014; accepted August 1, 2014. From the University of Miami Center on Aging (DEJ), Miami, FL; Dartmouth Centers for Health and Aging, Geisel School of Medicine at Dartmouth (DEJ, SJB), Hanover, NH; NIMH Center for Late Life Depression Prevention and Treatment, University of Pittsburgh School of Medicine and Graduate School of Public Health (AB, CFR), Pittsburgh, PA; the Center for Multicultural Mental Health Research, Cambridge Health Alliance (MA), Somerville, MA; and the Center for Health Equity, School of Public Health, University of Maryland (SBT, SCQ), College Park, MD. Send correspondence and reprint requests to Daniel E. Jimenez, Ph.D., 1695 N.W. 9th Ave., Ste. 3208, Miami, FL 33136. e-mail: dej18@med.miami.edu

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<http://dx.doi.org/10.1016/j.jagp.2014.08.001>

viewed as a critical indicator of health because it focuses on the person's self-perceptions of their health, which is beneficial in lowering distress and enhancing well-being.⁴⁻⁶ Evaluating and tracking HRQOL in high-risk populations can help to identify subgroups at increased risk of poor physical or mental health and inform the development of effective health-promotion and disease-prevention interventions.⁷

Depressive and anxiety disorders can have a significant impact on HRQOL in old age. Late-life depression is associated with a wide array of adverse consequences, including psychological suffering, functional impairment, and increased mortality rates.⁸⁻¹⁰ Similarly, late-life anxiety is associated with significant impairment in social, family, and occupational functioning, poor perceived emotional and physical health and well-being, and low satisfaction with daily life.^{11,12}

Given the subjective nature of HRQOL, psychological factors are likely to impact the cognitive processes involved in such reports. Therefore, psychological interventions could have a positive influence on overall HRQOL. Problem-solving therapy (PST) is an evidenced-based intervention that teaches depressed patients the problem solving skills necessary to manage day-to-day problems.¹³ In addition to treating mental illness effectively in late life,¹³ PST has sufficient flexibility to address multiple domains of HRQOL such as disability¹⁴ and chronic medical illness.¹⁵ As suggested herein, however, it is not yet clear that PST represents an optimal approach to address HRQOL in older African American patients.

Race adds to variation observed in the prevalence and impact of both physical and mental illness in older adults. Older non-Latino white patients have significantly higher lifetime prevalence of depression and anxiety than African American patients, but 12-month rates are similar across the two groups.^{3,16} In contrast, the prevalence of heart disease, stroke, cancer, and diabetes is significantly higher in older African American patients than in older non-Latino white patients.¹⁷ Taken together, disparities in mental and physical health put older African American patients at greater risk of having poorer overall HRQOL than non-Latino white patients.¹⁸ Although many studies have examined factors associated with HRQOL, the impact of mental health and health promotion interventions on HRQOL has not been fully investigated.

There is growing evidence to suggest that health-promoting behaviors can lead to improved mental and physical health outcomes.¹⁹ Health-promoting behaviors, defined as those activities in which individuals engage to maintain or improve their well-being (e.g., getting adequate nutrition), have been shown to improve HRQOL⁴ and are needed for vulnerable, disadvantaged populations.²⁰ Older African American patients have expressed a distrust of conventional mental health professionals as a result of perceived mistreatment by mental health providers and institutions.²¹ Given that older African American patients have low rates of mental health service use,²² experience high stigma,²³ and have high rates of comorbidities,¹⁷ health promotion interventions may be a culturally acceptable alternative that could potentially impact HRQOL.

In this study, we did not have a specific hypothesis for several reasons. First, the dearth of randomized, HRQOL trials in older adults raises the question of which intervention to use. Second, the multicomponent nature of HRQOL makes hypothesizing difficult. Because PST has shown to be an effective mental health treatment in older adults with multiple comorbid physical conditions, it could have a greater impact on HRQOL compared with dietary practices (DIET). However, health promotion interventions have value in their own right, and African American patients could prefer health promotion interventions over a traditional psychotherapeutic approach such as PST. Therefore, DIET could have a greater impact on health-related quality of life than PST among African American patients. The goals of the current study were threefold: 1) To compare the effect of PST to a health promotion intervention that coaches individuals in healthy dietary practices (DIET) on HRQOL; 2) To examine whether there was a race effect on HRQOL between PST and DIET; 3) The third aim, which was exploratory, was to explore participant characteristics (e.g., problem-solving style and functional impairment) as potential predictors of HRQOL.

METHODS

Participants

All participants were enrolled in a National Institute of Minority Health and Health Disparities and

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