

Gender and psychotropic medication use: The role of intimate partner violence

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Abstract

Objective. Women are known to use more psychotropic medications than men which may be linked to women's greater exposure to intimate partner violence (IPV).

Method. The use of medications for sleep, depression and anxiety in adults in the 1999 Canadian General Social Survey was assessed. Rates of medication use by adults exposed to IPV (physical, sexual, emotional and financial) were compared to rates of those reporting no IPV.

Results. More women (14.9%) than men (9.6%) reported use of psychotropic medications in the preceding month. Rates were significantly higher in both women and men who reported IPV. This link was still present after key sociodemographic and health predictors of medication use were held constant.

Conclusion. This random population based study provides the first data to support the idea that IPV may explain at least some of the increased psychotropic medication use by women. IPV should be included as a predictor variable in future studies investigating psychotropic medication use which itself can be added to the list of adverse health risks of IPV.

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Introduction

Women are prescribed and take more psychotropic medications than men (Parry et al., 1973; Cooperstock, 1978; Cafferata et al., 1983; Hohmann, 1989; Trinkoff and Anthony, 1990; Ashton, 1991; Simoni and Ng, 2002). The reasons for this are unclear. Although women suffer from depressive and anxiety disorders twice as frequently as men, there is an incomplete and complex relationship between having a disorder and being treated for it, with patient, illness and prescriber factors influencing the likelihood of treatment (Goldberg and Huxley, 1980; Ustun et al., 2003).

Sociodemographic factors associated with psychotropic medication use for women include increasing age, parity, lower educational attainment, manual occupation, unemployment and welfare benefit status (Wells et al., 1985; Bellantuono et al., 1989; Mazza and Dennerstein, 1996; Kisely et al., 2000) and the presence of poor mental and physical health (Wells

et al., 1985; Bellantuono et al., 1989; Fiorio et al., 1989; Turrina et al., 1993; Joukamaa et al., 1995; Empereur et al., 2003; Kisely et al., 2000). While psychotropic medication used by men has been much less frequently studied than women's, similar predictors have been reported (Wells et al., 1985; Bellantuono et al., 1989; Kisely et al., 2000).

Violence against women is now firmly part of the health research agenda, with a wide range of adverse physical and mental associations being reported (Garcia-Moreno, 2001; Krug et al., 2002; Coker et al., 2002; Pico-Alfonso et al., 2006; Dutton et al., 2006; Garcia-Moreno et al., 2006). Women experience serious IPV, which results in physical injury, more frequently than do men (Archer, 2000; Romans et al., 2007). In contrast to women, the health consequences of IPV against men, itself a controversial topic, have not been addressed to any extent (Archer, 2000; Kimmel, 2002). Whole population studies are infrequent in this area of investigation.

Several general reviews show that victims of abuse are much more likely than non-victims to have poor health, chronic pain problems, depression, suicide attempts, addictions, and problem pregnancies and to use a disproportionate amount of health care

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services (Plichta, 1992; Heise, 1994; Fischbach and Herbert, 1997; Romito et al., 2005). An association between IPV and medication seems plausible (Mazza and Dennerstein, 1996); there are no published reports addressing this to our knowledge. The goal of this study was to examine an existing data base for the relationship between psychotropic medication use and IPV. The study hypothesis was that people reporting IPV would report higher rates of psychotropic drug use. Our data set enabled this hypothesis to be tested for both women and men.

Methods

The General Social Survey (GSS) is a national-wide, cross-sectional telephone survey, using random sampling, conducted regularly by Statistics Canada. In 1999, the GSS focused on violence and victimization, including experiences of IPV. Women and men aged 15 years and over living in private households in the ten provinces were interviewed in February to December 1999 in English or French. The response rate of 81.3% gave a total sample of 25,876 respondents (55.1% women, $n=14,269$). This study received approval from the University of Toronto ethics committee.

Psychotropic medication use

Psychotropic medication use was assessed by directly asking respondents whether they had used “medication or drugs, prescription or over the counter, during the past month to help them” sleep, calm down or get out of depression. This is the usual approach adopted by Statistics Canada. In this report, we equate the term “calm down” with anxiety.

Intimate partner violence (IPV)

The present survey focused on IPV by a current or ex-partner occurring in the previous 5 years. Four types of IPV were assessed using a modified Conflicts Tactics Scale (Straus, 1979). The following probes were used: has a current or ex-partner

- “threatened to hit, threw something, pushed, grabbed, shoved or slapped (non-severe violence), kicked, bit or hit, hit with something, beat up, choked, burned/scalded, or used or threatened with knife or gun” (physical abuse).
- “forced you into any unwanted sexual activity by threatening you, holding you down, or hurting you in some way” (sexual abuse)
- “limited contact with family or friends, putting you down or calling you names to make you feel bad, being jealous and did not want you to talk to other men/women, harmed, or threatened to harm, someone close to you, demanded to know who you were with and where you were at all times, and damaged or destroyed your possessions or property” (emotional abuse)
- “has your partner prevented you from knowing about or having access to the family income, even if you asked” (financial abuse).

Response categories for questions assessing abuse were yes/no.

Statistical analysis

Analyses were conducted using the Public Use Microdata File from Statistics Canada, weighted according to their guidelines. Gender differences in psychotropic medication use by demographic and health variables were calculated; these included age, aboriginal and visible minority status, marital status, education level, country of birth, employment status, annual household income, region, number of children aged 0–14 years living in the household, religious attendance, and self-rated health status. Psychotropic medication use by women and men reporting and not reporting physical, sexual, emotional, financial, and any type of IPV was compared. All these analyses used the chi-squared test for categorical variables.

Three weighted multivariate logistic regression models, one for each medication class, were created separately for women and men, to identify

important predictors associated with psychotropic medication use, including IPV. To assess for a cumulative IPV effect, we included the total number of IPV types reported (i.e., 0–4: physical, sexual, emotional or financial) in the multivariate models. To achieve parsimony, variables that were not significant in bivariate tests were excluded from the logistic regressions (shown with a short dash in the tables). Finally, one further model, in which gender was entered as a covariate, was undertaken to determine whether the patterns of association established for women and men separately were present in the whole sample.

Multivariate models were checked for collinearity. The Hosmer–Lemeshow statistic on an unweighted model was used to assess goodness-of-fit and the c -statistic was used to calculate the discrimination of the model.

Results

Of the 14,269 women in the GSS, 9178 (64.3%) reported contact with a current or ex-partner in the previous 5 years and were asked the IPV items. The figures for men were 7827 out of 11,607 (67.4%), final sample 54% women, 46% men.

Women were significantly younger than men (mean age=45 vs. 47 years, $p<0.0001$), were more likely to be married or living common-law (12.2 vs. 8.9%, $p<0.0001$) and have children living in household (36.4 vs. 33.6%, $p=0.001$). Women were more likely than men to be aboriginal (2.2 vs. 1.7%, $p=0.03$) and less likely to be immigrant (20.2 vs. 22.6, $p=0.001$) or a visible minority member (8.5 vs. 9.6, $p=0.04$), to have post-secondary education (46.2 vs. 47.7%, $p=0.01$), and a household income of \$50,000 or more (36.3 vs. 45.7%, $p<0.0001$). Women were more likely to be unemployed (36.2 vs. 22.9%, $p<0.0001$) and have regular religious attendance (28.8 vs. 24.9%, $p<0.0001$).

Psychotropic medication use by gender

Overall women reported more medication use in the previous month. This held for medications for sleep (women 11.0% versus men 7.0%, $p<0.0001$), anxiety (women 7.6% vs. men 4.6%, $p<0.001$) and depression (women 5.7% vs. men 3.2%, $p<0.001$). More women (14.9%) than men (9.6%) reported use of at least one of these medications ($p<0.0001$).

Among those reporting use of at least one psychotropic medication, 74% used medication (s) for sleep, 50% for anxiety and 36% for depression. There was significant overlap in use of medications.

Sociodemographic variables and psychotropic medication use

The weighted numbers and percentages of women and men using each type of medication by sociodemographic variables are shown in Table 1. Across almost all categories of the demographic and health variables, use was significantly higher in women than men. In general, sleep and anxiety medication use increased steadily with age for both genders, while anti-depressant use was highest for both genders in the age bracket 45–54. The exception to this generalization was the higher rates for all three medication groups found in the youngest group of women, those 15–24. Rates tended to be lower for those who were married or living common-law. For both genders, there

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