

Depression Attributes Among White Non-Hispanic and Mexican-Origin Older Men

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Objective: *Depression is associated with poor quality of life, higher healthcare costs, and suicide. Older, especially minority, men suffer high rates of depression under-treatment. Illness attributes may influence depression under-treatment by shaping help-seeking and physician recognition in older and minority men. Improved understanding of depression attributes may help to close gaps in care for older men. The study aims are to describe the range and most frequent attributes of depression in a diverse sample of older men and to describe ethnic similarities and differences in depression attributes between white non-Hispanic and Mexican-origin older men.*

Methods: *In this qualitative study of white non-Hispanic and Mexican-origin older men who were recruited from outpatient primary care clinics in central California, 77 (47 white non-Hispanic and 30 Mexican-origin) men aged 60 and older who were identified as depressed and/or receiving depression treatment in the past year completed in-depth interviews covering their experiences of depression. Transcribed interviews were analyzed per established descriptive qualitative techniques.*

Results: *Twenty-one depression attributes were identified and 9 were present in at least 17% of the interviews. Men often attributed their depression to stressors such as grief/loss and spousal conflicts, feelings of moral failure, and poor health. Although there were similarities in depression attributes between the groups, we found several differences in the frequency of certain attributes.*

Conclusion: *Similarities and differences in depression attributes between Mexican-origin and white non-Hispanic older men suggest the confluence of various sociocultural factors. Awareness of the variety of ways that older men understand depression can help clinicians identify and engage them in depression treatment.* (Am J Geriatr Psychiatry 2015; 23:960–969)

Key Words: Depression, attributes, older men, white non-Hispanic, Mexican-origin, qualitative

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INTRODUCTION

Clinical depression is a leading cause of disability in the United States¹ and commonly afflicts older adults.^{2–4} Men in general have low rates of depression help-seeking and mental health service utilization.^{5–7} Older men are less likely than older women to receive depression treatment, especially men from minority ethnic backgrounds.^{7,8} Equally important, older men are at high risk for completed suicide, particularly whites and Latinos,⁹ and depression remains a strong predictor of suicide.^{10,11} Disparities in depression care persist, with high rates of undiagnosed and untreated clinical depression among older Latinos and men specifically.^{5,12–15} In addition, studies have found that men are less likely than women to have their depression recognized by a primary care physician,^{12,16} and minority patients are less likely to be screened and treated for depression than are white patients.^{7,8} Latino older men have been found to have significantly lower rates of depression treatment than their white-non-Hispanic (WNH) counterparts.¹⁵ Improving depression treatment among older men in general, and especially in those of minority backgrounds, is of public health significance if we are to reduce disparities and meet the needs of our increasingly ethnically diverse older adult population.¹⁵ Part and parcel of advancing this public health goal is promoting patient-centered and socioculturally tailored services and interventions to improve management of late-life depression in men of underserved backgrounds.¹³

Previous research has identified important ethnic differences in conceptions and experiences of illness.^{17–19} Ethnic differences in how individuals experience, explain, and express their distress (i.e., explanatory models) may contribute to patterns of help-seeking and to under-recognition and lack of depression treatment, particularly among ethnic minorities.^{20–23} Illness attributes, and in this case depression attributes, have been found to be associated with health outcomes and quality of life.^{24–27} Equally important, illness attributes provide insights into the barriers and facilitators of depression recognition, engagement, and treatment in older men.^{28–30} However, we know little about depression attributes among ethnically diverse older men and how these attributes may be shaped by aging-related factors.

Taking as a departure the literature on illness explanatory models,^{31–34} we focus on depression attributes among an ethnically diverse population of older men. To close the gap in our understanding of factors that shape older men's depression help-seeking and treatment engagement, this study's goal is to describe older men's explanations of the causes of their depression. The specific aims of this study are to describe the range and identify the most frequently perceived causes of depression in a sample of WNH and Mexican-origin (MO) older men and to describe the similarities and differences in perceived causes of depression between WNH and MO men. A better understanding of how older men view the causes or sources of their depression may aid clinicians in better recognizing depression in older men and more effectively engaging them in treatment.

METHODS

This study was part of a parent mixed-method, cross-sectional study (Men's Health and Aging Study) that identified barriers and facilitators of depression care in ethnically diverse older men (R01 MH080067). Study participants were recruited from primary care outpatient clinics in California's Central Valley, including clinics in a large academic medical center and its affiliated primary care network and in a safety-net, teaching county hospital (for additional parent study methods, see previously published data^{15,35,36}). The study protocol was approved by the institutional review boards at both institutions. The authors are an interdisciplinary team that includes a medical sociologist, a medical anthropologist, and two geriatric psychiatrists who are health services researchers.

Recruitment of Older Men

To generate a sample as representative as possible of depressed older men (treated and untreated) in this predominantly rural area, a two-step depression screening process was used to identify older men with a 1-year history of clinical depression and/or depression treatment.¹⁵ Study criteria also included the following: (1) age 60 years or older, (2) Mexican origin or U.S.-born non-Hispanic whites, (3) nonpsychotic, (4) nondemented, and (5) noninstitutionalized. During a first phase of recruitment, men were

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