

Overview of Men's Health and Aging Study

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Overview of talk

- Background
- Men's Health and Aging Study
- Gaps in depression care
- Older men's views of suicide
- Importance of family

Background

- Geriatric depression has many adverse consequences but many don't receive effective treatment
- Older men less likely to receive depression treatment and more likely to commit suicide
 - WNH and Latinos have high suicide rates
- Factors influencing depression under-treatment in older men poorly understood
- Understanding depression illness experiences, and care preferences in older men may help overcome barriers

Men's Health and Aging Study MeHAS

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National Institutes of Mental Health

“Reducing disparities in depression
care for diverse older men”

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MeHAS Team

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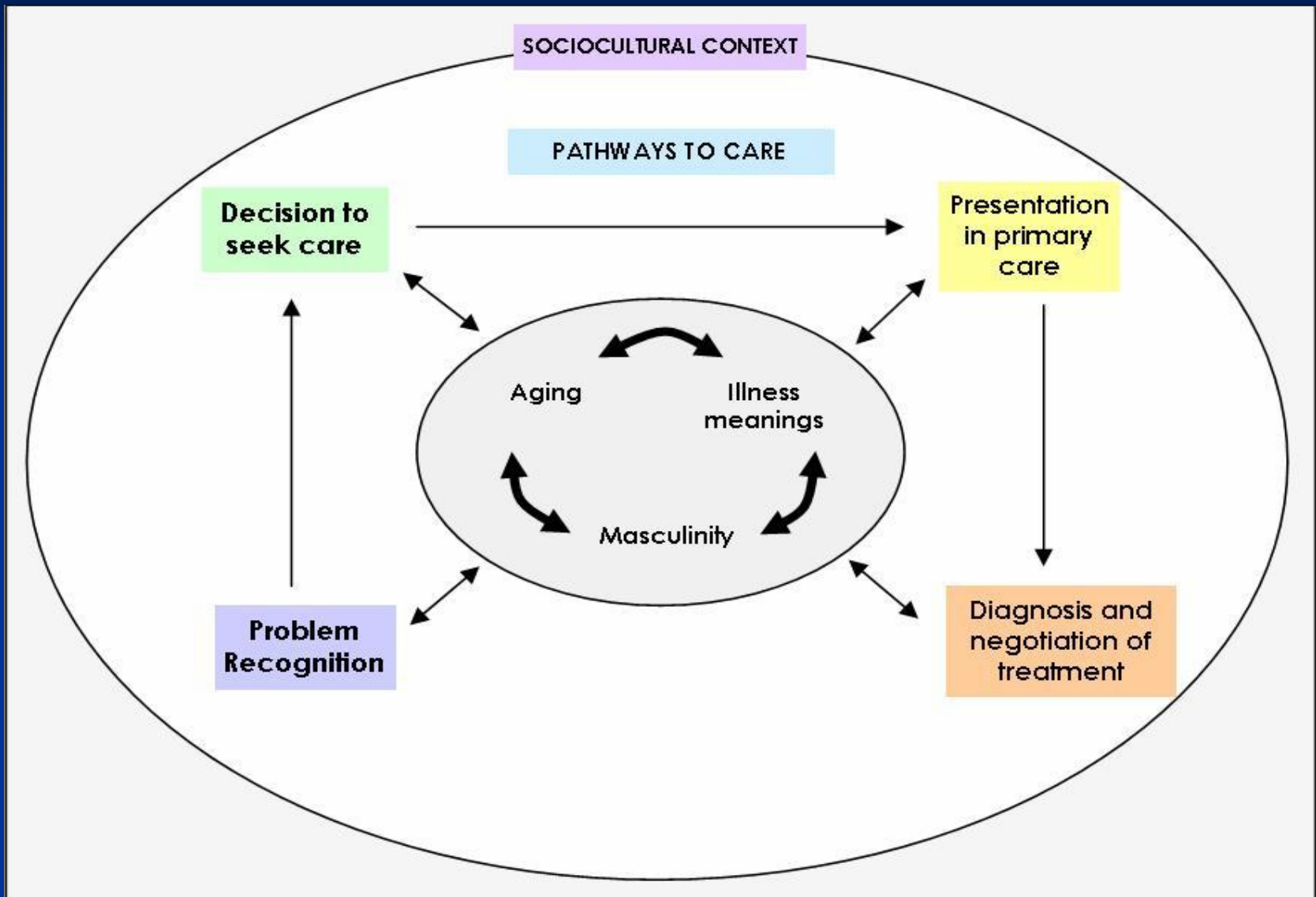
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MeHAS Specific Aims

- Aim 1: How do masculinity and age-related changes and attitudes influence men's depression illness meanings and experience. How do depression illness meanings, in turn, shape how men present and seek help for their depression? What are the salient social (e.g. family) factors in the help-seeking process?
- Aim 2: What are older men's preferences for depression treatment?
- Aim 3: What are physician views of factors that impede or facilitate depression care for older men? What strategies do physicians use to engage older men in care?

Conceptual framework



Overview of MeHAS project

- Design: Cross-sectional mixed-method study in primary care
- Participants:
 - Older men with depression and/or depression rx
 - Convenience sample of PCPs from screening sites
- Procedures:
 - Two phase screening to identify participants
 - In-depth interview with older men
 - Qualitative interview
 - Conjoint survey of treatment preferences
 - Qualitative interviews with primary care physicians

Objectives of the screening

- Identify a representative sample of older WNH and Latino men in primary care who are depressed and/or in treatment for depression
- Compare rates of depression treatment in WNH and Latinos
- Identify other factors associated with depression treatment.

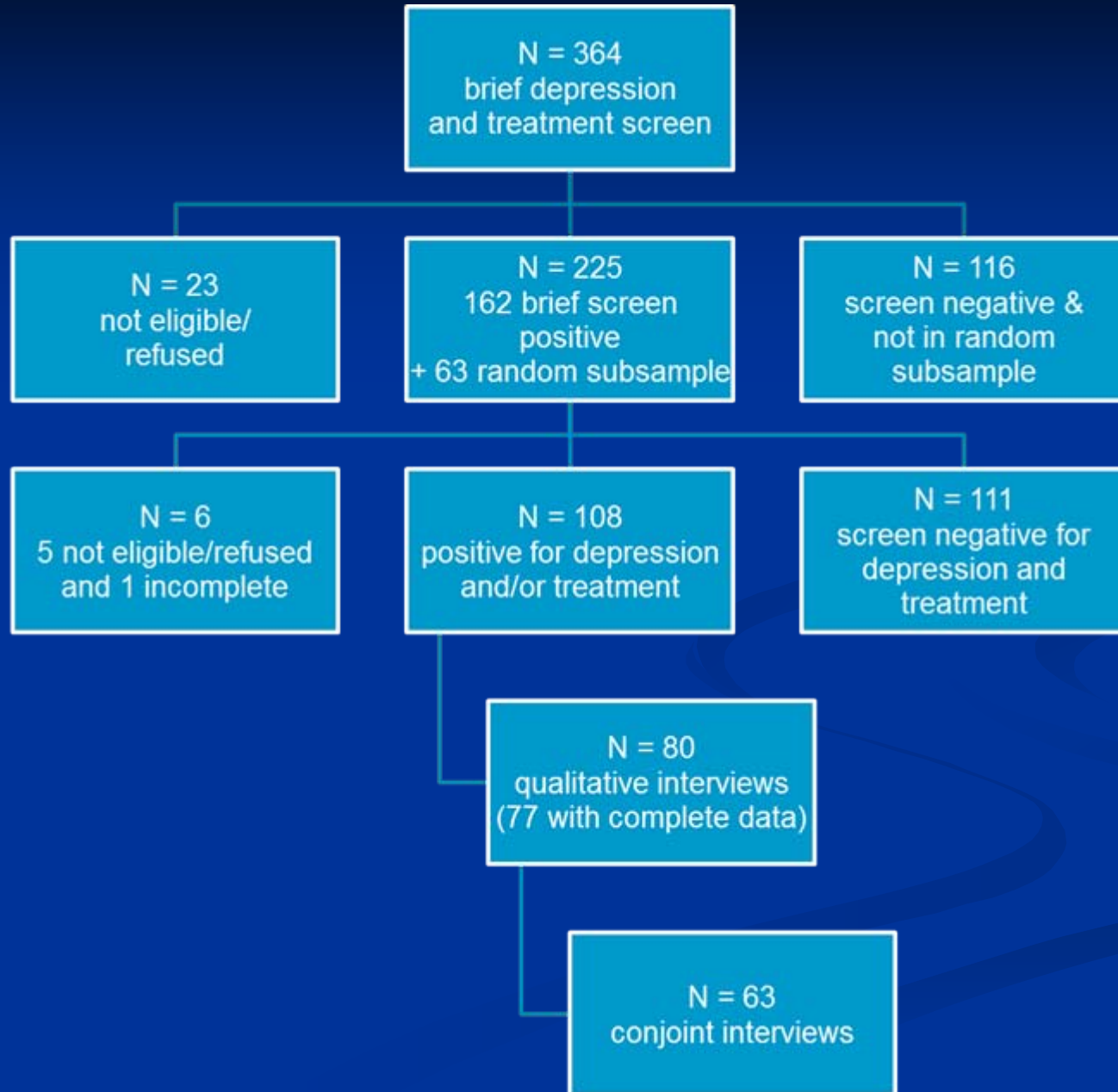
Inclusion criteria

- WNH or Mexican origin men
- Age 60 and above
- Non-institutionalized
- Non-psychotic
- No significant cognitive impairment

Two-phase screening process

- Screening Interview (phase I)
 - Demographics
 - 3-item screen for depression / depression treatment
 - Modified PHQ-2 and single depression treatment question
 - 20% random subsample proceed to Part II automatically
 - Remaining 80% proceed to Part II if positive for one or more depressive symptoms and/or depression treatment
- Diagnostic Interview (phase II)
 - Major depression (past year) and chronic depression
 - Treatment history
 - Screener for cognitive impairment, psychosis
 - Additional demographic questions

Flowchart for Men's Health and Aging Study recruitment



Qualitative study methods

- 2-4 hour in-depth interviews
- Conducted by doctoral level interviewers
- Conducted in Spanish or English
- Tape-recorded, transcribed, translated
- Interviews with older men and PCPs
- Analysis using NVIVO

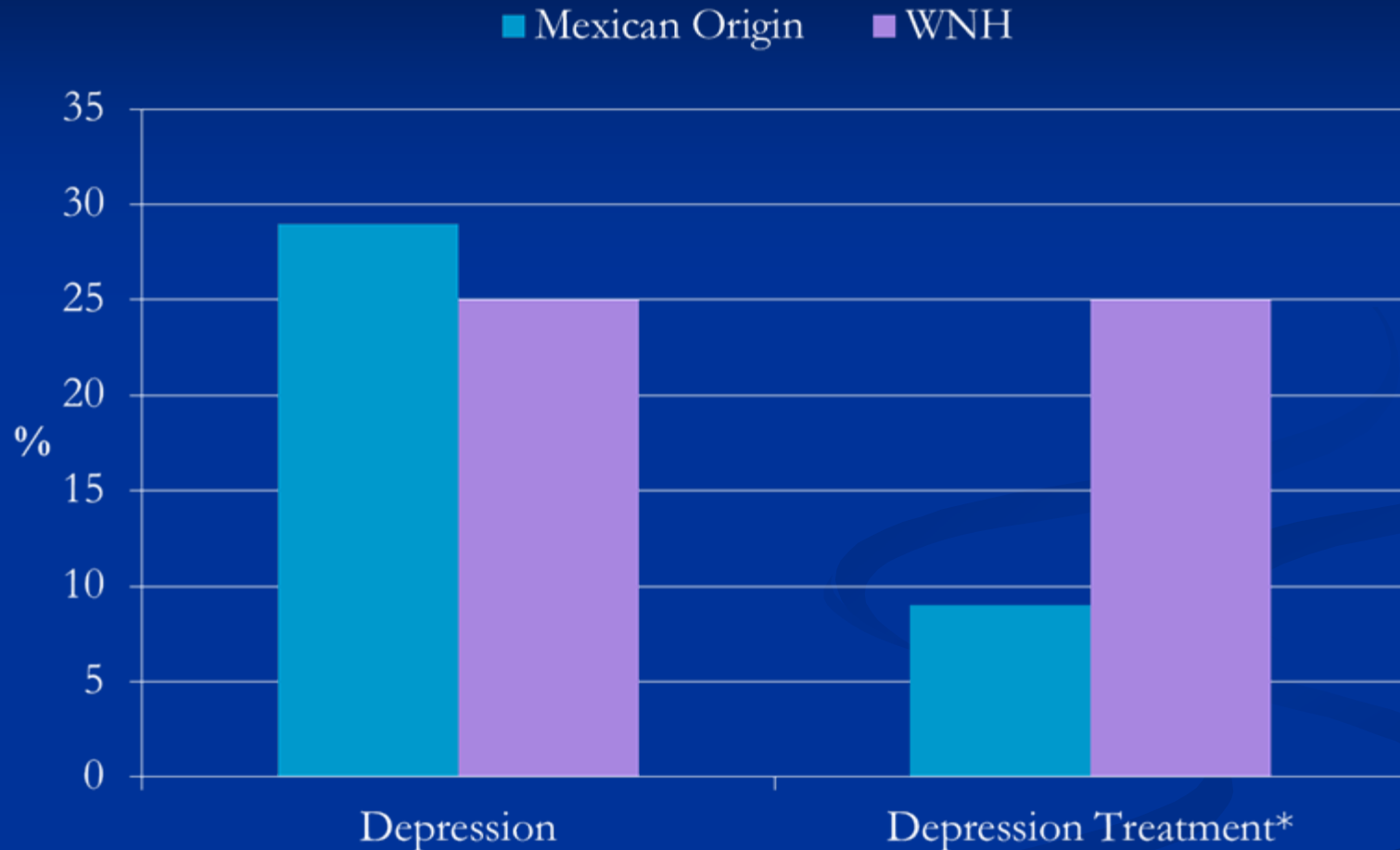
Older men qualitative interview domains

- Background/warm-up
 - Upbringing, occupational history, migration, family
- Depression illness experience
 - Explanatory model, depression label, treatment seeking, views of aging and life course
- Family and social responses to depression
- Suicide and older men
- Formal care and help-seeking attitudes

Comparison of characteristics of qualified and interviewed

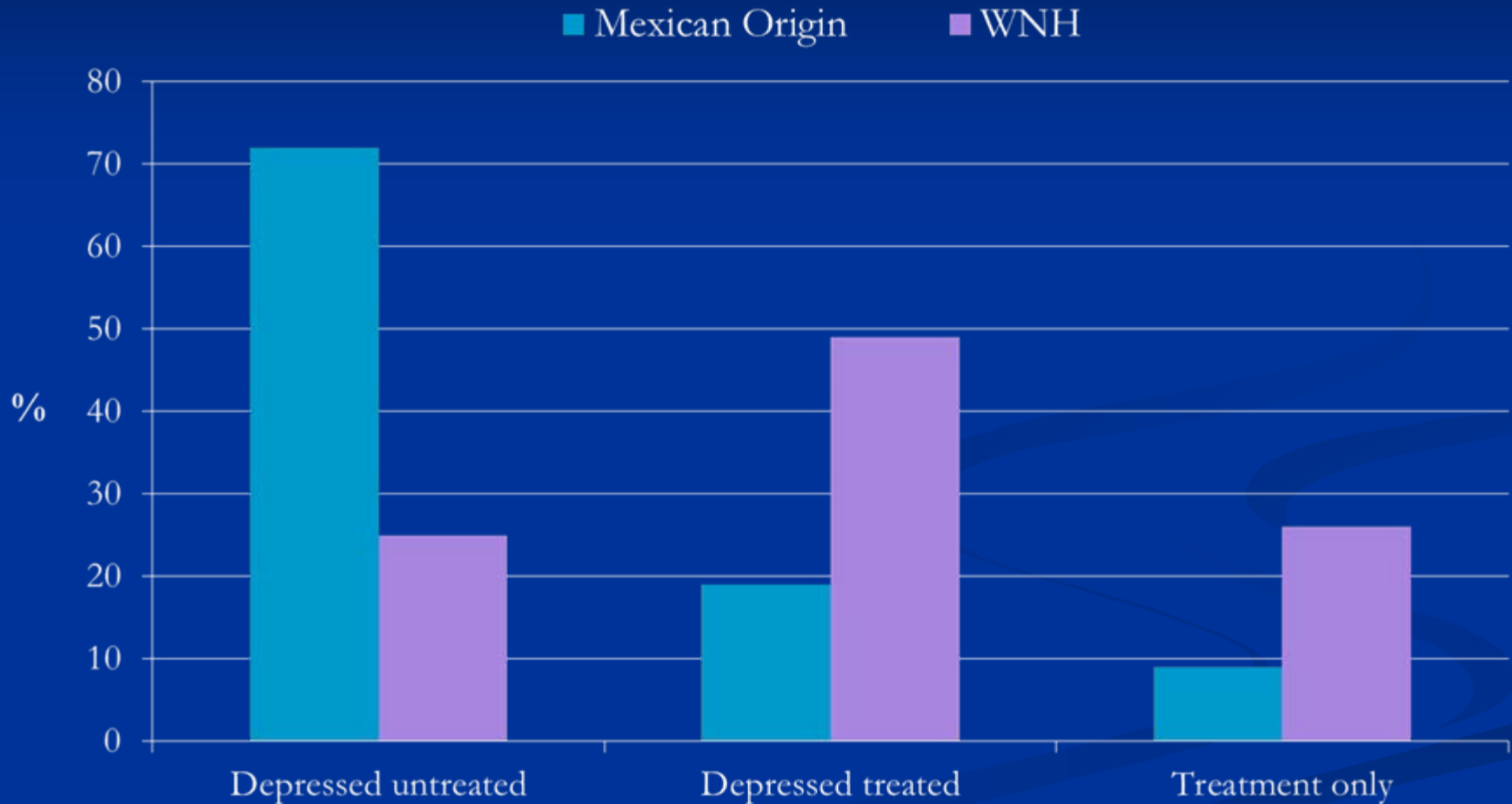
	Qualified % (N=108)	Qualitative interview % (N=77)	Conjoint survey % (N=63)
Age 60-64	52 (56)	51 (39)	49 (31)
Mexican origin	44 (47)	39 (30)	29 (18)
Married	55 (59)	60 (46)	57 (36)
High school or above education	36 (39)	35 (27)	43 (27)
Self-rated health Good to excellent	31 (33)	35 (27)	41 (26)
Born in Mexico	26 (28)	26 (20)	17 (11)
Interviewed in Spanish	24 (26)	22 (17)	13 (8)

Frequency of depression and depression treatment in Mexican origin (n=152) and white non-Hispanic men (n=183)



* $p < .01$, comparison of white non-Hispanic and Mexican origin men

Association of ethnicity with depression-treatment subgroups



* $p < .01$, comparison of white non-Hispanic and Mexican-origin men

Suicide and loss

- Endorsed thoughts of suicide/death on SCID (i.e. ...were things so bad that you were thinking a lot about death or that you would be better off dead?)
 - Mexican-origin 58% (26/45)
 - WNH 39% (20/52)
- Endorsed death of someone close to them prior to depressive episode
 - Mexican-origin 31% (14/45)
 - WNH 21% (11/52)

Types of depression treatment in prior 12 months (n=108)

	MO (N=47) % (n)	WNH (N=61) % (n)
Doctor or health care professional suggested you might be depressed	36 (17)	68 (41)**
<u>Prescription Medications</u>		
Prescription medication for depression	28 (13)	69 (41)**
Prescription medication for stress / emotional troubles	17 (8)	43 (26)*
Prescription medication for reported SCID depressive symptoms	19 (9)	53 (32)**
Prescription medication for pain	77 (36)	70 (43)
<u>Counseling / Psychotherapy</u>		
Counseling / psychotherapy for stress, emotional troubles or depression	11 (5)	18 (11)
Counseling / psychotherapy for reported SCID depression symptoms	11 (5)	20 (12)
Referred to a counselor / therapist / psychiatrist?	11 (5)	18 (11)
Advised by family / friends to seek a counselor / therapist / psychiatrist	13 (6)	16 (10)
Other treatment for depression / stress	4 (2)	8 (5)

* p<.01, ** p<.001

Correlates of depression treatment (n=108)

	Depression treatment		P-value
	Yes % (n=59)	No % (n=49)	
Mexican Origin	28 (13)	72 (34)	.001
Born in Mexico	32 (9)	68 (19)	.005
Interviewed in Spanish	23 (6)	77 (20)	.001
Age 60-64	50 (28)	50 (28)	.316
Self-rated health excellent/good	64 (21)	36 (12)	.212
Married	54 (32)	46 (27)	.928
Less than high school	36(15)	64 (27)	.002

Relationship of language and ethnicity to likelihood of depression treatment (N=108)*

	Odds ratio	Confidence interval	Z value	P value
White non-Hispanic	1.0 (ref)	--	--	--
Mexican origin English preferred	.20	.06-.60	-2.75	.004
Mexican origin Spanish preferred	.15	.04-.58	-2.86	.006

*Logistic regression, adjusted for age, education, marital status, self-rated health

Discussion

- Significant disparities in access to depression care for Mexican origin older men
- Majority of WNH and MO reporting treatment continue to meet criteria for depression - - few “successfully treated cases”
- Policies to improve access to depression care may not be an effective use of resources without parallel improvements in quality of care.