

## Commentary

### **Treating Depression: A Strategy for Preventing and Reducing Chronic Illnesses**

Mary Langford Hall, PhD

Jackson State University School of Public Health

#### **Depression and its Effect on African American Women**

Depression is characterized by the presence of five (or more) of the symptoms listed below that have been present during the same 2-week period and represent a change from previous functioning. The symptoms must last all day or nearly all day. The symptoms are depressed mood, markedly diminished interest or pleasure in all or almost all activities, significant weight loss when not dieting or weight gain, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness or excessive or inappropriate guilt, diminished ability to think or concentrate and recurrent thoughts of death. At least one of the symptoms must be either depressed mood or loss of interest or pleasure (American Psychiatric Association, 2013).

Depression has been called a major health problem in the lives of women (Glieb & Kofman, 1995). Depression affects more than 17 million American adults annually. Depression is often associated with higher medical costs, greater disability, poor self-care and adherence to medical regimens, and increased morbidity and mortality from medical illness (Katon & Sullivan, 1990). Women are approximately two times more likely than men to suffer from depression (Sagui & Levens, 2016).

Depression is more likely to occur among those who are of lower socioeconomic status and among those who are less educated and unemployed (McGrath, Keita, Strickland & Russo, 1990). African American women are more likely to have lower socioeconomic and educational status, be unemployed, have poorer physical health and be a single parent (McGrath et al., 1990).

#### **Depression is more likely to be present in individuals with physical illnesses than in individuals without physical illnesses**

Approximately 25% of individuals with medical conditions (e.g., diabetes, cardiovascular heart disease (CHD), cerebrovascular accident (CVA), or cancer) will develop depression (Ettinger, Reed, Goldberg & Hirschfield, 2005; Lamberg, 2005; Tan, Shafiee, Wu, Rizal & Rey, 2005). Because depression is more likely to be exacerbated in individuals with physical health problems than in individuals without physical health problems, African Americans are especially

vulnerable to depression due to their high rate of physical health problems, including hypertension, diabetes, and CVAs. African American women tend to have higher rates of hypertension, exceeding those of African American men, other ethnic groups, and Caucasian women (Ettinger et al., 2005; Lamberg, 2005; Tan et al., 2005).

Compared to other minority groups, African Americans have higher rates of diabetes, putting them at greater risk for associated complications including blindness secondary to retinopathy, diabetic nephropathy, end-stage renal disease, and nontraumatic lower extremity amputations (Briggs, Gary, Bone, Hill, Levine & Brancati, 2005). These associated complications heighten the probability of depression among African Americans resulting in an increase in diabetic complications (Levin, Routh, Kang, Sanders, & Dunn-Meynell, 2005).

CVAs, or strokes, are the fifth leading cause of death in the United States, and CVAs are a leading cause of long-term severe disability (American Heart Association and American Stroke Association, 2016). Approximately 800,000 people in the United States experience a CVA each year (American Heart Association and American Stroke Association, 2016). More African Americans than Caucasian Americans, particularly African American women, suffer from CVAs each year (National Center for Chronic Disease Prevention and Health Promotion, 2016). Approximately 10-27 % of people diagnosed with a CVA will also experience symptoms of major depression (National Center for Chronic Disease Prevention and Health Promotion 2016).

Higher incidences of CVA and cancer have been linked to smoking in African Americans (Repetto, Caldwell, & Zimmerman, 2005). Depression has been shown to be more commonly experienced by cigarette smokers than nonsmokers and for African American women who are smokers, there is a significant association between smoking dependence and depression (Ludman, Curry, Grothaus, Graham, Stout & Lozano, 2002). These statistics suggest that African American women, compared to other demographic groups, are at an increased risk for health-related depression.

The evidence indicates that there is a relationship between depression and chronic health conditions. This relationship has important treatment outcomes and healthcare expenditure implications. For example, health-related emotional distress, or depression, has been linked to poorer treatment adherence for chronic diseases such as diabetes (Gonzales, Shreck, Psaros & Safren, 2014). Depression also increases healthcare expenditures because of the associated costs with prescriptions and additional treatment. Work by Bhattacharya, Shen, Wachholtz, Dwivedi, and Sambarmoochi (2016), however, showed that healthcare that incorporates treatment for

depression reduces healthcare costs for patients with a chronic health condition and depression over time. Bhattacharya and colleagues (2016) reported that total healthcare expenditures were reduced by as much as 28% for patients who had chronic health conditions and depression when the patients received treatment for their depression.

## Conclusion

The full extent of the relationship between chronic health conditions and depression is not clear because depression may not be reported by persons in underserved communities seeking treatments for physical health problems for several reasons including (1) an unawareness of signs and symptoms of depression, (2) an unawareness of the association between physical health problems and depression, and (3) fear of the negative stigma associated with depression. Related to (1) and (2), public health policy needs to include intervention for those who are diagnosed with depression and for those who have additional risk factors that place them at risk for chronic health conditions such as CVAs.

Public health policies that are designed to target prevention and reduction of chronic health problems need to address health in a holistic manner. Prevention-based models that target chronic physical illnesses usually include the attainment of physical goals as their outcome. A more dynamic rendering of the prevention-based model include early awareness of symptoms related to chronic physical illnesses, early awareness to symptoms related to emotional distress or depression and prevention modalities that address these symptoms.

Depression treatment may act as a buffer against the stress that leads to and exacerbates the severity of chronic health conditions. Regarding the fear of the negative stigma, it is time to debunk the stereotypic depictions of the strong African American female caricature. The truth of the matter is that a strong African American female is one who understands the dynamics of balance in all that she does. The strong African American female should be one who understands the need of self-care as a means of negating the voluminous documentation that indicates that she is a weakened vessel emotionally and physically. She should minimize the voices of tradition and cultural norms that say that you do not need help for emotional and mental health concerns.

Depression is treatable. Treatments are usually individualized and may include various combinations of medications, psychotherapy, social support, self-care, physical care and/or alternative therapies. An appropriate diagnosis is important for optimal management of symptoms. The inclusion of patient-specific treatment(s) for depression can help to prevent undesirable health conditions and outcomes.

## References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- American Heart Association and American Stroke Association. (2016). Spot a Stroke. Retrieved September 2016 from <http://strokeassociation.org/STROKEORG/WarningSigns/Stroke-Warning-Signs-and-Symptoms>.

- Bhattacharye, J., Shen, K., Wachholtz, N., Dwibedi, B., & Sambarmoochi, Y. (2016). Depression treatment increases healthcare expenditures among working-age patients with comorbid conditions and type 2 diabetes mellitus along with newly-diagnosed depression. *Psychiatry*, 16, 247-51.
- Briggs, F., Gary, T., Bone, L., Hill, M., Levine, D., & Brancati, F. (2005). Medication adherence and diabetes control in urban african americans with type 2 diabetes. *Health Psychology*, 24, 349-357.
- Ettinger, A., Reed, M., Goldberg, J., & Hirschfeld, R. (2005). Prevalence of bipolar symptoms in epilepsy vs. other chronic health disorders. *Neurology*, 65, 535-540.
- Glied, S. & Kofman, S. (1995). *Women and mental health: Issues for health reform*. New York: The Commonwealth Fund, Commission on Women's Health.
- Gonzalez, J. S., Shreck, E., Psaros, C., & Safren, S. A. (2014). Distress and type 2 diabetes-treatment adherence: a mediating role for perceived control. *Health Psychology*, 34, 505-13.
- Katon, W., & Sullivan, M. D. (1990). Depression and chronic mental illness. *Journal of Clinical Psychiatry*, 51, 3-14.
- Lamberg, L. (2005). Ovarian cancer inspires art. *Journal of American Medical Association*, 294, 2831-2832.
- Levin, B., Routh, V., Kang, L., Sanders, N., & Dunn-Meynell, A. (2005). Neuronal glucosening *Diabetes*, 58, 2521-2528.
- Ludman, E., Curry, S., Grothaus, L., Graham, E.L., Stout, J., & Lozano, P. (2002). Depressive symptoms, stress, and weight concerns among african american and european american low-income female smokers. *Psychology of Addictive Behaviors*, 16, 68-71.
- McGrath, E., Keita, G. P., Strickland, B. R., & Russo, N. F. (1990). Women and depression: risk factors and treatment issues. Washington, DC: American Psychological Association.
- National Center for Chronic Disease Prevention and Health Promotion Division for Heart Disease and Stroke Prevention (2016). African-American Women and Stroke. Retrieved October 2016 from [https://www.cdc.gov/stroke/docs/aa\\_women\\_stroke\\_factsheet.pdf](https://www.cdc.gov/stroke/docs/aa_women_stroke_factsheet.pdf).
- Repetto, P., Caldwell, C., & Zimmerman, M. (2005). A longitudinal study of the relationship between depressive symptoms and cigarette use among african american adolescents. *Health Psychology*, 24, 209-219.
- Sagui, S. J., & Levens, S.M. (2016). Cognitive reappraisal ability buffers against the indirect effects of perceived stress reactivity on Type 2 diabetes. *Health Psychology*, 35(10):1154-8.
- Tan, S., Shafiee, Z., Wu, L., Rizal, A., & Rey, J. (2005). Factors associated with control of type 1 diabetes in malaysian adolescents and adults. *International Journal of Psychiatry in Medicine*, 35, 123-136.