**Gaps Found in Depression Causes, Treatment**

By Robert Finn

Two recent studies highlight some surprising racial and ethnic disparities in the origin of depression and its treatment among adults and adolescents in the United States. For example, in one of the studies, the investigators identified a large gap between the percentage of Caribbean blacks and non-Latino whites who met 12-month major depressive episode criteria and received “any depression therapy.” In another study, researchers were able to identify a variety of risk factors for depression in European American adolescents. However, a single demographic variable emerged as a dominant predictor of depression in African Americans.

In the first study, investigators analyzed survey data from three nationally representative samples of Americans ages 18 years and older, totaling 15,762 individuals. Hector M. González, Ph.D., of Wayne State University, Detroit, and his colleagues, determined that 8.3% of those surveyed met DSM-IV criteria for major depression during the previous 12 months. After controlling for sex, sample sizes, and other factors, no significant differences were found among African Americans, Mexican Americans, Puerto Ricans, Caribbean blacks, and non-Latino whites in the rate of depression (Arch. Gen. Psychiatry 2010;67:37-46).

After correcting for age, sex, education, health insurance, and household income, African Americans were 60% less likely to receive pharmacotherapy and 40% less likely to receive psychotherapy than were non-Latino whites with depression. The results for receiving “any depression therapy” were 30% for Caribbean blacks vs. 54% for non-Latino whites.

In the other study, Dr. Benjamin W. Van Voorhees of the University of Chicago and his colleagues analyzed data from a survey conducted in the mid-1990s of a national representative sample of 15,762 adults in the Collaborative Psychiatric Epidemiology Surveys. National representative sample of 6,504 adolescents in the National Longitudinal Study of Adolescent Health.

Disclosures: None of the investigators in either study reported relevant conflicts.

**Major Finding:** African Americans were 60% less likely to receive pharmacotherapy and 40% less likely to receive psychotherapy than were non-Latino whites with depression. The results for receiving “any depression therapy” were 30% for Caribbean blacks vs. 54% for non-Latino whites.

**Data Source:** Nationally representative sample of 15,762 adults in the Collaborative Psychiatric Epidemiology Surveys. Nationally representative sample of 6,504 adolescents in the National Longitudinal Study of Adolescent Health.

**Disclosures:** None of the investigators in either study reported relevant conflicts.

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**Depression Tends to Follow Cannabis Use, Not Vice Versa**

By Betsy Bates

Los Angeles — Cannabis use in adolescence was associated with the subsequent development of depression, but the reverse did not prove to be true in a large, longitudinal study presented at the annual meeting of the American Academy of Addiction Psychiatry.

Dr. Hon Ho and associates from the department of psychiatry at the University of Colorado, Denver, examined data in grades 7-12. As judged by a five-item version of the Centers for Epidemiologic Study-Depression (CES-D) scale, the investigators determined that African Americans had a slightly higher incidence of depressive episodes than did European Americans (11.5% vs. 8.6%) (J. Natl. Med. Assoc. 2009;101:1255-67).

In a multiple exposure model that corrected for a large number of variables, the demographic variable “neither parent finished high school” emerged as overwhelmingly associated with depression in African Americans, conferring a 21-fold increase in relative risk. Other significant factors for African Americans were “rates survival until age 35 unlikely,” (relative risk 2.62), “got headaches over the previous year,” (relative risk 3.34), and “reports trouble getting along with your teachers,” (relative risk 2.69).

For European Americans, seven factors emerged as significant in the multiple exposure model. The one with the highest relative risk was “friend attempted suicide,” (relative risk 5.16).

The investigators concluded that “the typical framework for risk that focuses heavily on affect and cognition may have been heavily influenced by the predominance of European American youth in previous studies,” and that African Americans might have “unmeasured resilience factors that protect them in the face of factors [that] increase the risk of episodes among European Americans.”

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**Low Treatment Rates Dismaying**

Both of these studies underscore the importance of making care available in different communities, perhaps using different strategies. They also may help us identify factors that can be targeted in treatment for various populations.

The article by Dr. González and colleagues was intriguing—and dismaying. The definitions they used for pharmacotherapy gave a tremendous amount of latitude for creating a treatment “guideline-concordant.” It suggests that things are bad now, but they’re probably even worse than they appear to be.

Although we’ve known for decades that depression is not often treated, and even when it is treated, even in academic centers, it’s not treated well, these results show just how staggeringly low treatment rates are.

Dr. Van Voorhees and colleagues report that risk factors for depression vary depending on the ethnicity of the respondent. It’s surprising that for African American youths, demographic features were predictive. It suggests that African Americans may have a resilience to environmental stressors. On the other hand, that risk factors for depression in African Americans are mostly demographic is disappointing, since those are factors we can’t change.

Dr. Maria A. Oquendo is professor of clinical psychiatry at Columbia University, N.Y. She reported having no conflicts of interest.

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**VITALS**

**Major Finding:** African Americans were 10 or more occasions. Low socioeconomic status and black, Native American, or Asian race were also predictive of later depression; being male was a protective factor, Dr. Ho reported.

The investigators then examined the reverse scenario: depression at Waves 2 and cannabis use at Wave 3, but found no significant temporal relationship. “Depression did not seem to increase risk of cannabis use at a later time,” he said.

The large sample size was a strength of the study, but reliance on self-reported behaviors and the lack of more precise dose information about cannabis use compromised the study’s ability to determine causality, rather than a mere association. Nonetheless, the findings do have some policy and practice implications, particularly as local governments consider easing restrictions on marijuana purchasing and use for medicinal purposes. The association of early cannabis use with later depression is definitely something we want to consider,” both societally and in counseling of adolescents and families, he said.

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**Major Findings:** The relative risk for depression after any cannabis use was 1.27, compared with nonusers, and 1.33 among people who reported using cannabis on 10 or more occasions. Low socioeconomic status and black, Native American, or Asian race were also predictive of later depression; being male was a protective factor, Dr. Ho reported.

There are policy and practice implications, said Dr. Hon Ho.

**Data Source:** The National Longitudinal Study of Adolescent Health, involving more than 21,000 subjects.

**Disclosures:** The researchers received federal funding for the study. They reported no financial conflicts of interest.