

Study Cites Steps for Better Care Of Minorities With Depression

By CHRISTOPHER WINDHAM

Boosting patient education and monitoring in primary care can eliminate the disparity in treating minorities for depression, says a new study.

Language barriers, limited scientific research on the effectiveness of depression medications in minorities, and stigmas about depression have helped create disparities in diagnosing and treating minorities, researchers say. A 2001 Office of the Surgeon General report stressed the need for mental-health services to close the gap.

The new study, led by researchers at University of California Los Angeles and Rand Corp., a Santa Monica, Calif., think tank, is the first to examine the long-term outcome of minority patients when nurses and primary-care doctors closely monitored the patient's understanding and use of antidepressants and psychotherapy sessions, researchers say. The study is published in the April issue of *Archives of General Psychiatry*.

Of the 1,356 depressed patients enrolled in the Partners in Care study, 991 completed a 57-month telephone follow-up interview. The 46 clinics where the patients were treated had been selected randomly to offer one of three programs for treating depression. The first choice was "usual care," in which patients deal with a primary-care doctor, who may prescribe a medicine or issue a counselor referral. The other two choices, however, involved intensive oversight from health providers in the study program, with options for closely monitored psychotherapy or closely monitored medications.

Patients could choose which treatment they would get, or elect not to receive treatment. The data were controlled for income, gender and education status.

Health providers at 30 of the 46 primary-care facilities received training on how to implement the two more-intensive intervention programs. Five years later, 56% of African-Americans and Hispanics in usual care were considered likely depressed, according to the follow-up interview, and 36% of the whites were deemed as probably still depressed.

Of those who had gone through the monitored medicine programs, the gap narrowed some: 45% of minorities were considered likely depressed, compared with 32% of whites. The gap was even smaller for patients who had monitored psychotherapy: 36% of the minorities were likely to be depressed compared with 34% of whites.

The long-lasting improvement in depression rates suggests "that this was some kind of life-changing event," says Kenneth Wells, the study's principal investigator, a professor-in-residence of psychiatry and biobehavioral sciences at UCLA Neuropsychiatric Institute and Hospital and a senior scientist for Rand.

This year, researchers plan to begin following the same group of patients for another two years in a study designed to learn why depression rates decreased and determine if those rates will continue to decline, Dr. Wells said.

Despite showing only marginal benefits in lowering the prevalence of depression among whites, an earlier study of the same group of people showed the enhanced intervention programs were associated with rising employment rates and fewer burden days in the first two years, Dr. Wells said.

"This is an example of something that can be done to close the gap," said Ronald Kessler, professor of health-care policy at Harvard Medical School.