

Researchers find lower response rates to antidepressants with African-Americans, Latinos

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Drawing from data in the nation's largest real-world study of treatment-resistant depression, a team led by researchers at Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center (LA BioMed) reported in November's *Medical Care* journal that African-Americans and Latinos didn't respond as well as whites to medication for their depression.

The study suggests that the lower response rates may stem from differences in socioeconomic background – rather than race or ethnicity per se. When some of the socioeconomic and health disparities present when subjects entered the study were taken into account, the researchers found the response to antidepressant medications was more similar among all groups.

Dr. Ira Lesser, a LA BioMed investigator who authored the report along with a team of researchers including LA BioMed investigator Daniel B. Castro, said these findings suggest African-Americans and Latinos from lower socioeconomic backgrounds may need more than medication to be treated successfully for depression.

“African Americans who suffer from depression had a much lower success rate with medication than whites, and Latinos did somewhat more poorly in response to medication,” Dr. Lesser said. “We found that these two groups tended to be more disadvantaged socioeconomically,

had more medical problems, less education and higher unemployment rates. As a result, they may need more treatment, including talk therapy, to overcome their depression.”

Dr. Lesser and the team of researchers who authored the article, “Ethnicity/Race and Outcome in the Treatment of Depression,” based their findings on data collected for the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) study, the nation’s largest real-world study of treatment-resistant depression.

Over a seven-year period, STAR*D enrolled 4,041 outpatients, ages 18-75 years, from 41 clinical sites around the country, including more than 350 patients from Harbor-UCLA Medical Center. Participants represented a broad range of ethnic and socioeconomic groups. All participants were diagnosed with non-psychotic major depressive disorder and were already seeking care at one of these sites.

Before STAR*D, other studies had suggested African Americans and Latinos responded more quickly than whites to the older antidepressants, and as quickly as whites to modern antidepressants.

Lesser said most previous studies excluded patients who had other diagnosis, including additional medical conditions and problems with alcohol. STAR*D was a much larger study than any before it, and it sought to re-create real-world conditions by including patients with other problems. Lesser said those two factors may explain why the STAR*D trial found the differences in the response to medication among African Americans and, to a lesser extent, Latinos.

“Clinicians need to be aware when they are treating African Americans and Latinos, particularly if they come from lower social economic groups, that these patients may need more than medication,” he said. “This holds true for treating any patient who does not respond to an

initial trial of medication.”

The lifetime prevalence of major depression in the United States is estimated to be 16.2 percent, with considerable social and role impairment evident in the majority of patients. Previous studies found only minor differences in depression rates among African Americans, Latinos and whites. But various studies have found patients from lower social economic groups often have less access to mental health care, are less likely to be prescribed and to fill prescriptions for new antidepressants and are less likely to receive care beyond medications when compared to whites.

Source: Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center (LA BioMed)

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