

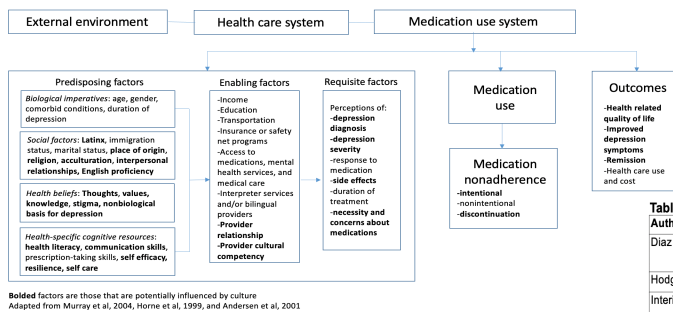
Role of Culture in Medication Adherence of Antidepressants Among Latinx with Depression

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Introduction

- Latinx are 18% of the US population. Significant health disparities in depression treatment and medication adherence exist between US Latinx and US Whites.
- Latinx individuals with depression receive antidepressant treatment 1/3 as often as Whites with depression.
- Depression is a leading cause of disability. Latinx are half as likely to seek treatment for depression, but when they do, they 2x as likely to seek help in a primary care setting rather than specialty mental health care than Whites.
- Over 40% of Latinx discontinue antidepressant therapy within 30 days and less than 30% continue for more than 90 days.
- Culture is defined as integrated pattern of thoughts, language, customs, beliefs, values, and institutions associated with ethnic groups, as well as religious, spiritual, biological, geographical, or sociological characteristics.^{1,2}
- Cultural factors could explain some intentional nonadherence to Ads
- Community based participatory research in Ypsilanti and Detroit could offer insight and be a site for a uniquely tailored intervention

Culture and Adherence to Antidepressants Conceptual Framework



Results

Table 2. Not Differentiated Nonadherence of AD

Author and Year	Not Differentiated n (%)
Diaz 2005	Monolingual 10 (23) vs Bilingual 6 (24) vs NLW 3 (10)
Hodgkin 2007	Latinx 26 (14)
Interian 2011	Latinx 45-65 (23 - 33)
Ishikawa 2014	Latinx 23-41*
Green 2017	Latinx 46*

* Only percentage reported

Table 4. Most Common Themes Identified in Qualitative Studies

Theme (number of references reporting N=5)	Representative Quote(s)
Fear of side effects limits antidepressant use (n=4)	"I think it [the medication] will cause harm to my liver, stomach, all of that." ⁷
Concerns about addiction and dependence decreased desire to start and reason for stopping (n=4)	"One becomes dependent on the medication to be well and able to do things." ⁷
Depression or antidepressant related stigma as a barrier to starting and continuing antidepressant (n=5)	"People think it is like laziness... they say those people are apathetic, negative, that they do nothing to better themselves" (taziness). ¹⁹
Spanish language discordance with providers and educational materials negatively influenced adherence (n=3)	"I didn't read anything. I don't speak English. If I asked my children they would help me, but I've never said anything to anyone. No one in my family knew I was taking antidepressant medication." ⁸
Lack of scientific understanding about depression and antidepressants discourages use (n=4)	"I think the first day [after taking medication for depression] there should be a change, even if small, but it has to do something." ¹⁷
Familism can encourage or discourage antidepressant use (n=5)	"... my family right now is not with me but soon my daughter and my wife will come... what motivated me to take them [the antidepressants], was wanting to be well for when my wife and my family came." ⁵
	"My husband says I am crazy because I suffer from depression." ⁷

- Most studies (n=3) reported the need for provider support to continue antidepressant use. However, in one study almost half of participants reported discontinuing without informing the provider
- Only one study mentioned pharmacists as a resource for depression treatment information

Table 5. Summary of Generated Analytical Themes using Meta-Synthesis

Theme and subthemes	Representative Quote
Self-efficacy	
-Vicarious experiences	"I lived the experience of addiction to medication through my mother, so none of the information provided to me was enough to reduce my fear of becoming an addict." ¹⁸
-Emotional arousal	"It's that you get tired of taking medications. There are so many medications to take, there are moments that you get tired, don't want to take medications." ¹⁹
Resilience	
-Skill at facing fears	"I, for example, once had three, four days, five days without taking them to see what would happen with me. I fell into [a depression] again, so then what happens? I told the doctor, "Doctor, I have to use this for the rest of my life, forever." ¹⁹
-Coping skills	"Then, since that time, I started coming [to the clinic]... And I prayed and everything, but at the same time, like my mother used to say, "Trying, but doing." That is, I prayed but also looked for help." ¹⁹
-Social support	"It's better to talk to one of my friends and I make my own proper decisions. And I tried to get ahead of my depression. To give myself a desire for life that's all, by myself." ¹⁸
Health literacy	
-Provider relationship	"If I tell the [primary care] doctor how I'm feeling and he sends me to the psychologist, it shows me he is not prepared to deal with that type of problem... So, the best person to prescribe you and inform you is a mental health specialist." ¹⁹
-Knowledge	"Using medication for a long time) would be... relying entirely on the pill to feel well. And the pills only, in my opinion, [should be used for] a limited time to help the person return to their normal state." ¹⁷

Table 1. Study Characteristics and Quality*

Author and Year	Study type	Sample size	Database/Registry	Control population
Ayalon 2005	CS	101	Registry	Black
Diaz 2005	PC	103	-	NLW
Hodgkin 2007	CS	180	NLAAS	-
González 2009	CS	9,250	CPES	NLW
González 2010	CS	7,565	CPES	NLW
González 2010B	CS	9,524	CPES	NLW
Interian 2011	PC	220	-	-
Garrido 2014	CS	807	CPES	NLW
Ishikawa 2014	PC	90	-	-
Green 2017	CS	28	-	-
Perez 2017	CS	361	NHANES	NLW
Chen 2018	CS	9,630	Add Health	NLW

CS=cross sectional, PC=prospective cohort, CPES=National Institute of Mental Health's Collaborative Psychiatric Epidemiology Surveys, NLAAS=National Latino and Asian American Study, Add Health=National Longitudinal Study of Adolescent to Adult Health

Table 3. Summary of Health Belief Related Findings

Author and Year	Health Belief Finding
Ayalon 2005	Greater concerns about ADs, lesser beliefs in the importance of ADs, and lesser satisfaction are significant predictors of intentional nonadherence
Diaz 2005	Latinx believe that the determinants of health are external forces and this external locus of control may increase nonadherence
Gonzalez 2009	Immigrants with less acculturation were less apt to use an AD than their acculturated counterparts
Interian 2011	Stigma was associated with increased depressive symptom persistence and was independent of AD use -Direct link between AD utilization and long-term outcomes; non-utilization worsened trajectory of depressive symptoms
Garrido 2014	Did not identify a modifiable belief associated with adherence
Chen 2018	Non-English speakers had 81% lower odds of AD use than monolingual English speakers

Future Directions and Pending Results

- Finish coding the data from our focus groups in CHASS and Ypsilanti
- Develop the intervention with the input and clearance of our Steering Committee
- Perform focus groups aimed at assessing efficacy of intervention/adjusting to participant response.

Methods

1 Workflow analysis

Flow of workers, patients, and information across space and time at clinics and onsite pharmacies conducted by PI.

Complete

2 Systematic Review/Meta-Analysis

Conduct SR/MA to assess role of culture on medication adherence to antidepressants among Latinx with depression.

Complete

3 Putting together the components of the intervention

Investigators will compile messaging and develop motivational interviewing scripts, personnel training, resources to address barriers to nonadherence, educational materials, and other components as needed.

In Process

4 Focus group and interview feedback to develop/refine intervention components

Conduct separate focus groups with bilingual physicians and other care professionals from each clinic and conduct interviews with pharmacists to develop intervention for each site and respective Latinx populations.

In Process

5 Steering Committee to refine and approve intervention

Steering Committee will refine intervention for each site and respective Latinx populations. Steering Committee will give its final approval before intervention is piloted at each site.

Future