Mental Health Aspects of Diabetes in Elders from Diverse Ethnic Backgrounds

Filipino American Elders

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Background

- Census 2000
  - 90.5% are immigrants
  - 29.4% less than 9th grade education
  - 17% considered linguistically isolated
  - Predominantly Catholic

- Very diverse group (McBride, Morioka-Douglas, Yeo, 1996)
  - 1920’s worked in agriculture, poorly educated, not allowed to marry white women, poor, discriminated
  - 1934 Tyding-McDuffie Act immigration cut to 50/year
  - 1950-1980’s WWII veterans, military personnel, family, professionals, followers of adult children
  - 1990’s WWII veterans promised citizenship, no benefit
Background: Current Cohort of Elders

- Live with adults children and grandchildren, extended family, friends
- Without family, may form surrogate family in the workplace, neighborhood, church, community centers, or shared public places.
- Without social support, older Filipino feel alone and isolated
- Years of acculturation enable them to acquire skills to access services

(Source: Tompar-Tiu & Sustento-Seneriches, 1995)
Background: Current Cohort of Elders

- Predominantly Catholic with strong faith
- Consider church as part of extended family
- Source of moral, emotional, and spiritual support
- Filipino Catholicism rooted in animism prior to Spanish colonization
- Indigenous healing, by faith healers, fortune telling, superstition part of belief system for chronic or incurable illness

(Source: Andres, 1987; Bulatao, 1964)
Diabetes: Risk

- No prevalence data
- CDC: 4th leading cause of death for Filipino women ((1996)
- Huston, 21% prevalence (previously diagnosed) in a convenient sample (Cuasay, et al, 2001)
- Hawaii, BRFSS, 1988-1993, older Filipinos had highest prevalence rate (Shim, 1996)
Diabetes: Risk, Local Data

- San Diego study: women, age 20-69, 4 times the prevalence of whites based on glucose tolerance and metabolism; not related to obesity measured by weight and waist girth (Araneta, et al 2002)
- Kalusugan Wellness Center health assessment: 25% of adults and seniors had diabetes; 60% did not know; 60% had family history (Dirige, 2003)
- SF South of Market Health Clinic: estimate 45% of age 65+ treated for diabetes (Ferrer, 2003)
- Bay Area primary care MD: estimate 25% of Filipino patients have diabetes (Balbuena, 2003)
Diabetes: Culturally Appropriate Diagnosis, Treatment, and Management

- Include information on
  - Frequency and quantity of rice intake
  - Method of preparing rice
  - Fat and sodium intake
  - Attempts to reduce caloric intake specific to sweets pork, and salted foods
  - Intake of fruit and vegetables
  - Sources of food supplies
Diabetes: Culturally Appropriate Diagnosis, Treatment, and Management

- Prevention and early intervention
  - Culturally and language appropriate education
  - Use bilingual professionals and community leaders
  - Include information on relationship between calories, metabolism and diabetes control
  - Literature in large print, Filipino languages
  - Community-based; church-based emotional and psychological support
Diabetes: Culturally Appropriate Diagnosis, Treatment, and Management

- On-going intervention
  - Education on self-management
  - Updates on state-of-the-art treatment options
  - Long term support and counseling
Traditional Foods

- **Diets**: influenced by Malayan, Spanish, Chinese, American; regional variations in various islands
- **Staples**: rice, pork, chicken, seafood, dried salted fish
- **Seasonings**: fish sauce (*bagoong, patis*), garlic, onions, herbs, coconut milk
- **Vegetables**: bitter melon, greens (*malunggay, saluyot, gabi* leaves or *laing, camote* leaves, *kang kong*), squash, banana blossom, jackfruit, cassava, legumes
Traditional Foods

- **Dairy products**: milk from cow, goat, water buffalo. Sweetened evaporated milk used for dessert dishes.

- **Protein sources**: meat (pork and chicken), seafood, legumes (mung beans, soy products), nuts/seeds (peanut, pilinut, watermelon seeds).

- **Cooking methods**: frying, sauteing, boiling, steaming, broiling, baking.

- **Consumption**: rice 3 times a day, served at family gatherings and celebrations.
Dietary Interventions

- **Suggest healthy food choices:**
  - low fat, avoid saturated fat and cholesterol
  - more complex carbohydrates
  - fresh fruit and vegetables
  - low fat sources of protein
  - reduce high sodium seasonings
  - emphasize healthy traditional meals

- **Adjust portion of food servings:**
  - use model samples of serving sizes for teaching
  - recommend Filipino food guide pyramid (Claudio, 1994)
Dietary Interventions

- Modify recipes:
  - Re-formulate cooking methods (using low fat, low sodium, low calorie such as grilling/broiling, baking, steaming, boiling)
  - Use herbs for seasoning

- Ensure support and rewards:
  - Encourage family involvement
  - Community support group
  - Identify self-reward mechanisms
Depression: Risk

- New York study: 15-19% positive depression scores in 3 versions of Geriatric Depression Scale (Mui, et al 2003)
- San Francisco & Bay Area study: situational depression common clinical problem (Tompar-Tiu & Seneriches-Sustento, 1996)
- San Diego survey: more Filipino men than women attempted suicide (Yamamoto, Nguyen, & Hifumi, 1994)
- No clinical trials on anti-depressants
Depression: Cultural Considerations

- Surrogate parenting in intergenerational households
- Older person is a domestic consultant to adult children
- Experience with mental health services relatively new; villages have stories of persons taken away for treatment and never returned
- Natural religiosity a vital force in coping with stress

(Sources: McBride, Morioka-Douglas, & Yeo, 1996; Miranda, 1991; Tompar-Tiu & Sustento-Seneriches, 1996)
Depression: Cultural Considerations

- Trust family member (e.g., health professional), friend, healer, minister before health professional
- No word for depression; twenty four words suggests depression
- Explanatory model may include beliefs and fears of losing relationships, immigration status, job, stigma to family image

(Sources: McBride, Morioka-Douglas, & Yeo, 1996; Miranda, 1991; Tompar-Tiu & Sustento-Seneriches, 1996)
Depression: Culturally Appropriate Assessment and Diagnosis

- Precipitating factors: events leading to somatic symptoms
- Stress analysis: catecholamine levels vs. self-report
- Medication review and substance use: possible adverse effects of multiple medications, mode of acquiring medications, environment associated with alcohol intake or substance use
- Family assessment: living arrangement, role expectation and responsibilities
- Trust relationships: chosen confidante

(Sources: Brown, 1982; McBride, Morioka-Douglas, & Yeo, 1996; Miranda, 1991; Tompar-Tiu & Sustento-Seneriches, 1996)
Depression: Culturally Appropriate Treatment and Interventions

- Initial exam: preferably by a physician
- Focus on somatic symptoms: examine organ systems associated with somatic complaints; schedule second appointment for psychological assessment (“I would like to see you again to advise and guide you through your present problem. When can you come back?”)
- Medication: titrate dosage of anti-depressants
- Constructive use of perceived physician authority: direct, gentle, friendly instructions; write (legibly) recommended activities as a prescription with MD signature
Depression: Culturally Appropriate Treatment and Interventions

- Identify trusted person(s): best treatment - talking to someone who cares; best person to treat – one who cares (Tompar-Tiu & Seneriches-Sustento, 1996)
- Incorporate natural religiosity and explanatory models: significance of suffering, causes and remedies, passivity, accepting one’s fate
- Referral: community clinics or senior centers with Filipino staff, parish-based activities
Cognitive Loss and Dementia: Risk

- No epidemiologic data or studies on risk factors
- California Alzheimer’s Disease and Diagnostic Center: 0.7% in nine yrs (vs 2% of older Californians)
- Guam survey: changes in mental function with Parkinson’s disease and amyotrophic lateral sclerosis (Zhang, et al, 1990)
Cognitive Loss and Dementia: Assessment and Diagnosis

- Genetic link in AD: delay access to screening
- Literacy level: influence screening for mental functions
- Language deficit (comprehension and computational abilities): yield inaccurate MMSE scores
- No standardized and tested, translated screening tools
- Links to dementia: chronic condition, e.g., HTN and adherence to treatment

(Sources: Angel, Armstrong, & Klasky, 1989; McBride, Morioka-Douglas, & Yeo, 1996)
Cognitive Loss and Dementia: Treatment and Intervention

- Evaluate family caregiving resources
  - Family caregiver study on role acquisition: 50% consensus, 25% self assigned, 25% default (McBride & Parreno, 1993)
- Family focus management plan
- Help seeking: range from relying on themselves to taking elder back to Philippines

(Sources: Superio, 1993; McBride, Morioka-Douglas, & Yeo, 1996)
Cognitive Loss and Dementia: Treatment and Intervention

- Educate primary care providers of culturally appropriate diagnostic and treatment modalities acceptable to older Filipino patient
- Educate community and family through outreach programs, local Filipino media, internet
- Develop informational materials in Pilipino languages with appropriate literacy levels

(Sources: McBride & Parreno, 1996; McBride, Morioka-Douglas, & Yeo, 1996)
Summary of Informant Interviews: Diabetes

- Common description: high blood sugar, eating too much sugar or sweets
- Causes: bad diet (sugar/salt), obesity, family practices, malfunction of pancreas
- Treatment: no cure, control to avoid complication, e.g. limb loss, eat less, exercise
- Help and support: friends, relatives, health professionals who speak Pilipino language
- Perception of prevalence: about 33% of older Filipino Americans have diabetes
Summary of Informant Interviews: Depression

- Word for depression: feeling sad, homesick, alone, mental problem, crazy
- Awareness: don’t admit or know they are depressed, don’t talk about it, no word for it
- Somatic complaints: common especially new arrivals, withdraw from social situations or activities
- Intervention: talk to friend, go to parties, recreation, senior centers, church
- Support: family may “push” person to seek help; may turn to friend or relatives who know resources
- Resources: women may see priest, spiritual adviser, charismatic healer
Summary of Informant Interviews: Cognitive Loss and Dementia

- Perception: part of aging, don’t connect diabetes and memory loss, too much going on in the brain, side effects of medication
- Terminology: “dementia” not commonly used, Alheimer’s or “sinility” often used
- Symptoms: forgetful, “picky”, wandering
- Interventions: bring relative from Philippines as companion (bantay), pay a caregiver, take older person back home
Resources

- [www.sgec.stanford.edu](http://www.sgec.stanford.edu)
- [www.stanford.edu/group/ethnoger](http://www.stanford.edu/group/ethnoger)
Resources for Nutrition Intervention

- NASCO Food Replicas: Nasco Nutrition Teaching Aids, www.eNASCO
- Locate registered dietitians or certified diabetic educator, www.diabeteseducator.org
Resources for Nutrition Intervention (cont.)

- Locate networking groups, American Dietetic Association, www.eatright.org/public/index/ cfm
- Locate Filipino American Dietetic Association, www.eatright.org/Public/7762_10933.cfm; email: Betty.Dykes@sinclair.edu