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# Mental Health Aspects of Diabetes in Elders from Diverse Ethnic Backgrounds

## **African American Elders**

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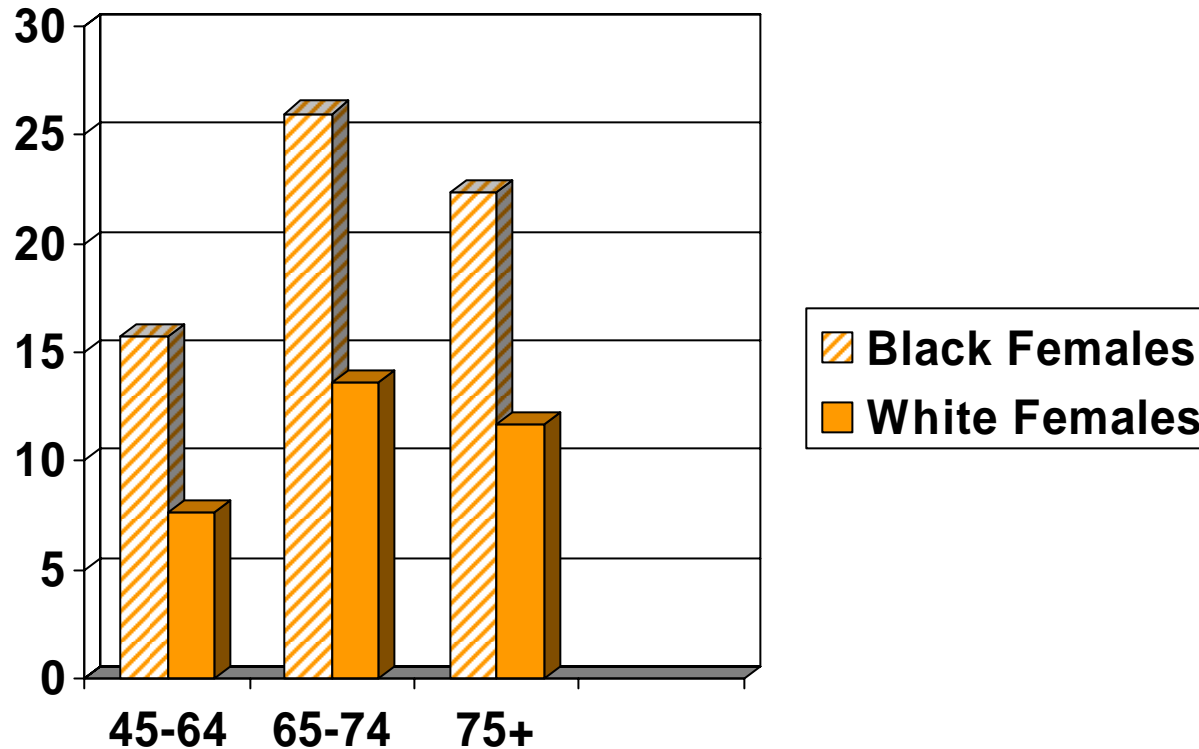
Based on work by:  
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# Diabetes and Relative Risk

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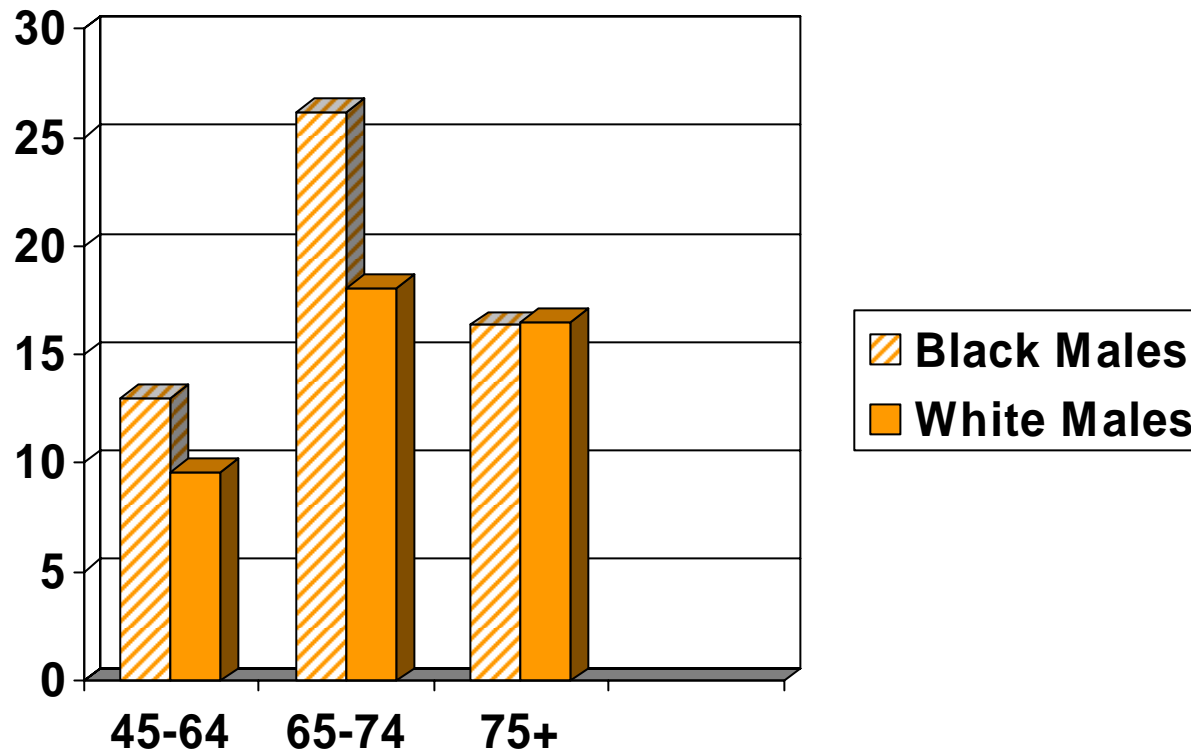
- African Americans are at increased risk for diabetes
  - Older African American women are twice as likely to have diabetes as older white women (Table 1)
  - For men, the young old (65-74 yrs) African Americans have more diabetes, but for those age 75 and over the rates are about the same. (Table 2)

# TABLE 1: Age-Specific Prevalence of Diabetes per 100 Population by Race and Sex in the U.S., 2002



**Source: Centers for Disease Control and Prevention, National Center for Health Statistics**

# TABLE 2: Age-Specific Prevalence of Diabetes per 100 Population by Race and Sex in the U.S., 2002



Source: Centers for Disease Control and Prevention, National Center for Health Statistics

# Diabetes and Risk for Co-morbid Illness

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- ❑ African Americans have higher prevalence of stroke (Ness et al. 1999)
- ❑ African American women and Mexican American women are at greater risk of Cardiovascular disease than other groups (Ness, Nassimiha, Feria et al. 1999)
- ❑ African American and Latino Americans have more end stage complications from diabetes (Harris et al. 1998, Lavery 1999)
- ❑ 25% of African Americans aged 65-75 are obese, a major risk factor for diabetes (Sundquist, Winkleby & Pudaric 2002)

# Strategies for Culturally Appropriate Diet

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## □ Make Healthy Food Choices

- Low fat food, increased intake of complex carbohydrates, fresh fruits and vegetables, low fat sources of fat (e.g. beans, lean meats, fish and poultry)

## □ Control Food Portions

- Use food replicas to teach serving sizes
- Use food guide pyramid in “Diabetes Meal Planning for the Southern Traditional Client”

# Strategies for Culturally Appropriate Diet

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- ❑ Modify Traditional African American Recipes
  - ❑ Healthy versions of traditional “soul” food to reduce fat, calories and sodium
  - ❑ Healthy cooking methods -non-stick pans, oven frying, grilling, baking or stewing
- ❑ Organize Health Specific Group Cooking Classes

# Traditional “Soul” Foods

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- ❑ “Soul Food” refers to African American cooking, derived from the African slave tradition, is considered a symbol of ethnic identity
- ❑ Soul food is a style of cooking with usually involves frying, boiling and stewing.



# Traditional Foods

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- ❑ **Fruits:** Peaches, berries, apples, watermelon
- ❑ **Vegetables:** Greens, squash, sweet potato, yams, okra, tomatoes
- ❑ **Dairy products:** Milk used in deserts, buttermilk in baking

# Traditional Foods

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- ❑ **Protein Sources:** Meats (pork and pork variety cuts), chicken, fish (catfish, crab and crawfish), legumes (black eyed peas, red beans, peanuts)
- ❑ **Grains:** greens, squash, sweet potato, yams, okra, tomatoes
- ❑ **Dairy products:** milk, buttermilk
- ❑ **Fats:** Meat drippings, lard, pork fat back, bacon

# Nutrition Resources

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- ❑ Kittler PG & Sucher KP 2004. Food and culture (4<sup>th</sup> ed) Belmont, CA: Wadsworth/Thomson Learning
- ❑ Burke, CB & Raia SP. 1995. Soul and traditional southern food practices, customs and holidays: Available from the American Dietetic Association, 216 West Jackson Blvd. Suite 800, Chicago, Illinois 60606-6995
- ❑ Gaines FD & Weaver R 1999. The new soul food cookbook for people with diabetes: Available from American Diabetes Association, 1701 N. Beauregard St. Alexandria, VA 22311. 1-800-232-6733.  
<http://store.diabetes.org>

# Depression in African Americans - Prevalence Rates

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- ❑ It is not clear if there are racial differences in the prevalence of depression
- ❑ Several studies report that AA compared to white elders have higher rates of depression (Blazer et al. 1998, Cochran et al 1999)
- ❑ Other studies report either no difference or lower prevalence of depression among African American elders (Gallow et al 1998; Blazer 2000)

# Depression in African Americans - Obstacles to diagnosis and treatment

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- ❑ Reduced efficacy of identification of mental health problems at primary care visits
- ❑ Reduced access to mental health care for chronically mentally ill African American patients
- ❑ Limited knowledge/sensitivity of mental health concerns by physicians
- ❑ Severe time constraints/competing clinical demands in primary care encounters

# Depression in African Americans - Obstacles to diagnosis and treatment

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- ❑ Inadequate time for clinicians to address mental health issues
- ❑ Financial barriers
- ❑ African Americans mistrust of medical providers
- ❑ Stigma associated with having a mental illness
- ❑ African Americans perception of racism or discrimination

Borowsky, Rubenstein, Meredith et. al.2000; Unutzer et al. 2003

# Depression in African Americans - Psychological Testing

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- ❑ Prevalence rates of depression among African Americans maybe inaccurate due to limitations of psychological measures
- ❑ Limitation of psychological measures include
  - ❑ Most measures validated on middle class white subjects
  - ❑ No adjustments for differences in language, culture or cultural framework
  - ❑ Ethnic differences in language and culture may affect subjects understanding or response patterns on test items

# Depression in African Americans - Psychological Testing

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- Response patterns on CES-D by African Americans on individual items suggested that
  - Subjects merged depressive and somatic symptoms into one unidimensional factor
  - Certain test items which included statements of failure and talk appeared to have little meaning for respondents

(Foley, Reed, Mutran et al. 2001)



# Depression in African Americans – Culturally Appropriate Treatments and Interventions

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- ❑ Intervention/Treatment studies of African American suggest
  - ❑ AA underutilize specialized mental health services (Borowsky et al. 2000)
  - ❑ AA elders are more likely to delay treatment (Zubenko, Mulsant et al 1994)
  - ❑ One study reported that AA subjects preferred psychotherapy to treatment with antidepressants

# Depression in African Americans – Psychopharmacology

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- AA compared to Whites
  - May respond more rapidly to tricyclic antidepressants (Raskin & Crook 1975; Ziegler & Biggs 1977)
  - May be more sensitive to medication side-effects due to higher plasma rates and slower metabolic rate (Raskin & Crook 1975; Ziegler & Biggs 1977)
  - May have a better response to Sertraline, a serotonin-reuptake inhibitor (Steinberg, Munro, Samus et.al. 2004)

# Depression in African Americans – Treatment Preferences

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- ❑ AA compared to Whites and Hispanics \*
- ❑ Less likely to find antidepressants acceptable
- ❑ More likely to believe that antidepressants are addictive
- ❑ More likely to believe that counseling brings up bad feelings
- ❑ More likely to state a preference for seeing an African American health professional

\* U.S. Department of Health and Human Services, 2001

# Depression in African Americans – Treatment and Decisions

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- ❑ Antidepressants are used less often in African Americans as compared to whites (Brown, Salive, Guralnick 1995)
- ❑ AA are less likely to receive treatment concordant with APA practice guidelines (Borowsky et al. 2000)
- ❑ A study by Blazer et al. 2000 revealed that whites compared to African Americans were 8x more likely to be treated with SSRIs and the newer antidepressants
- ❑ This difference may be related to
  - ❑ Under diagnosis of depression in African Americans
  - ❑ Prescribing practices that were influenced by the race of the patient

# Dementia and African American - Prevalence

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- ❑ Studies present conflicting reports about whether African Americans are at increased risk for cognitive impairment (Froehlich, Bogardus & Inouye 2001)
- ❑ Manly et al. 1998 reported African American compared to white elders had lower scores on specific areas of cognitive testing (e.g. memory, abstract thinking, verbal fluency and visual spatial ability)

# Dementia and African American - Education, Cognitive Testing

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- ❑ Many researchers suggest that ethnic differences in performance on cognitive testing is due to lower educational levels of African American elders
- ❑ A recent study suggested that years of education is an inadequate measure of educational experience in multicultural elders
- ❑ The authors suggested that adjusting for quality of education would be more accurate and appropriate

(Manly, Jacobs DM, Koradji et al. 2002)

# Dementia and African American - Behavioral Disturbances

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- ❑ Delusions and hallucinations may be more common among African Americans with dementia (Cohen & Carlin 1993; Hargrave, Stoeklin, Haan et al. 1998, Jeste 1996)
- ❑ African Americans with dementia may be more likely to be treated with antipsychotics (particularly older neuroleptics) than white with dementia (Akpffiong et al. 1999)
- ❑ Other researchers report that racial differences in behavioral disturbances disappear when structured interviews and standard assessment scales are used (Akpaffiong, Kunig, Hale et al. 1999)

# Dementia and African American - Ethnicity and Psychological Testing

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- ❑ Properties and cultural biases of commonly used screening tests for cognitive impairment are reviewed by Lampley-Dallas, Mold and Flori (2001)
- ❑ The sensitivity and reliability of the Mini-Mental State (even after adjustments for education) among ethnic minorities is controversial
- ❑ Some studies suggest that the Modified Mini-Mental State Examination(3MS) may offer greater reliability, sensitivity and validity than the MMSE
- ❑ Normative tables (for African American elders) are available for 3MS; stratified by age, with adjustments for education and gender (Brown, Schinka, Mortimer et al. 2003)



# Dementia and African American - Ethnicity and Genetic Testing

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- ❑ The presence of the Apo-E allele has been less predictive of Alzheimer's disease among African Americans (Farrar, Cupples, Haines et al. 1997)
- ❑ Other authors report that African Americans
  - ❑ Showed less interest in genetic testing
  - ❑ Endorsed fewer reasons for pursuing it
  - ❑ Anticipated fewer negative consequences from a positive test result (Hipps, Roberts, Farrar et al. 2003)
  - ❑ Cultural factors should be incorporated in the design of genetic testing and counseling services