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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, Pilipino 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)
- ❑ Los Angeles County 1984 coroner's report: no differences in suicide rates for 4 Asian groups (Diego, et al, 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)
- ❑ Possible vascular dementia with high prevalence of hypertension (Angel, et al, 1989; Klatsky & Armstrong, 1991; Ryan, et al, 2000)
- ❑ 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, Alzheimer's or "senility" 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
- ❑ www.stanford.edu/group/ethnoger
- ❑ Araneta, M., et al (2002) *Diabetes Care*, 24, 494-99
- ❑ Brown, D. (1982) *Annals of Human Biology*, 9(6), 55-63
- ❑ Cuasay, L. et al (2001) *Diabetes Care*, 24, 2054-58
- ❑ Diego, A., et al (1994) *Asian American Pacific Islander J of Health*, 2, 50-57
- ❑ Klatsky A. & Armstrong, M (1991) *Am J of Public Health*, 81, 1423-28
- ❑ Medina, B. (1991) *The Filipino Family*, U of Philippines Press
- ❑ Mui, A., et al (1996) *International Psychogeriatrics*, 15, 253-71
- ❑ Tompar-Tiu, A. & Sustento-Seneriches, J. (1995) *Depression and other mental health issues: The Filipino American experience*. SF, Jossey- Bass

Resources for Nutrition Intervention

- ❑ Claudio, V.S. (1994) Filipino Americans: Food practices, customs, and holidays. American Dietetic Association, 312.899.0040, www.eatright.org
- ❑ Kitler, P.G. & Sucher, K.P. (2004) Food and culture (4th ed). Belmont, CA: Wadsworth/Thomson Learning
- ❑ 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
- ❑ U.C. Davis Health System (2000) Filipino health practices.
<http://www.ucdmc.ucdavis.edu/cne/Policy/cultural/Filipinos/health.htm>