

Abstract 3

Perceptions of Depression and Primary Care Provider Behavior in Older versus Younger Patients

C. Bolkan, PhD¹, E. Chaney, PhD¹, L. Rubenstein, MD^{2,3}, A. Lanto, MA³, & E. Yano, PhD^{2,3}

¹VA Puget Sounds Healthcare System; Department of Health Services, University of Washington; ²University of California, Los Angeles, ³VA Greater Los Angeles HSR&D Center of Excellence

Objectives: Depression is a leading cause of disability and also substantially affects medical costs and quality of life. Improvements in depression care may have greatest impact on older patients, however, representative samples of depressed primary care patients are rarely evaluated by age. Additionally, patient perception of involvement in care has important implications for patient-oriented, recovery based treatment. We explored differences in patient perceptions about depression (as measured by openness to treatment) cross sectionally by young (< 59, $n = 433$) and older (60 +, $n = 328$) patients in VA primary care. We also examined patients' self-report of their primary care provider's (PCP) behavior regarding their mental health care by age group.

Methods: This study included a population based sample of 761 patients from 10 VA primary care clinics in 3 VA networks across diverse regional areas. All participants screened positive for depression using the PHQ9 and were enrolled in an evidence-based care model study (TIDES) to investigate the effectiveness of collaborative care for the treatment of depression. Enrolled participants received a computer assisted telephone administered survey and answered questions regarding sociodemographic information, depression symptoms, and health status information. They were also asked about their perceptions of depression (i.e., "If your doctor told you that you were depressed, would you accept that?"). Finally, the participants answered questions about their provider's behavior regarding mental health care (i.e., "During your last visit, did your doctor ask you about being sad or depressed?").

Results: Chi-square tests of independence were performed to examine the relationships between participant perception of depression and age. Older participants differed significantly on each perception item compared to younger participants. More specifically, fewer older participants than younger participants believed that people should continue to take anti-depressants after they feel better, $X^2(1, N = 717) = 39.06, p = .00$, that biological/chemical changes in the brain contribute to depression, $X^2(1, N = 721) = 23.47, p = .00$, that talking to a professional helps those with emotional problems, $X^2(1, N = 755) = 10.41, p = .00$, or that emotional problems get better with treatment, $X^2(1, N = 748) = 9.15, p = .01$. In addition, older participants were also less likely to agree with their physician regarding the need to take medication for depression, $X^2(1, N = 755) = 10.41, p = .00$, accept their physician's diagnosis of depression, $X^2(1, N = 757) = 14.72, p = .00$, and reported being less agreeable to needing treatment for their current depression, $X^2(1, N = 753) = 71.63, p = .00$ when compared to younger patients.

Further chi-square analyses confirmed differences between older and younger participants' perception of provider behaviors during their last visit. Older participants reported that their providers were less likely to inquire about being sad or depressed, $X^2(1, N = 628) = 3.90, p = .05$, alcohol use, $X^2(1, N = 634) = 3.79, p = .05$, or self-harm thoughts, $X^2(1, N = 640) = 17.19, p = .00$ compared to younger participants. Older participants also reported that their providers were less likely to prescribe medication for an emotional problem, $X^2(1, N = 642) = 8.69, p = .00$, or change an existing prescription, $X^2(1, N = 643) = 11.78, p = .00$.

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Conclusions: The findings from this preliminary analysis of depressed patients highlights two disconcerting trends among participants in this study: (a) older primary care patients reported being potentially less open to receiving treatment for emotional problems and more affected by stigma attached to mental illness, and (b) PCPs might be less likely to ask older patients about specific emotional problems related to depression. These findings are particularly concerning considering that this was a sample of participants who all had significant depressive symptoms.

Addressing older individuals' self-perception of the need for mental health care may be crucial in promoting recovery from late life depression. Additionally, recognition of older adults' unique barriers (i.e., stigma, ageism) to participating in depression treatment is necessary. An improved understanding of patients' perceptions regarding depression and treatment can play an important role in improving help-seeking behavior, treatment compliance, and treatment effectiveness.