

Hispanic ethnicity, physician-patient communication, and antidepressant adherence

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- This research was supported by grants from the National Institute of Mental Health (R29 MH 56210) and the Bayer Institute for Health Communication.
- Thanks to my colleague Richard Rubin, M.D. at the University of New Mexico School of Medicine.

Background

- Previous research has shown that primary care physicians, who prescribe a large percentage of antidepressants in the United States, do not adequately counsel patients about medications (Katon et al. 1992; Lin et al. 1995).
- Primary care physicians may have many topics to cover during a visit, so communication about medication might be a low priority.

- “Physician question-asking about medications is important because it allows physicians to assess patients’ educational needs and understanding of treatment rationale, how treatment should be used, treatment goals and preferences, side effects, contraindications, and barriers to adherence” (Svarstad, 1976).

Communication and antidepressants

- Bultman and Svarstad (2000) found that patients who reported seeing physicians who used more collaborative interactive styles were more adherent to their antidepressant medication regimens.
- Other research has shown that educating patients about antidepressants can improve adherence (Peveler et al. 1999; Myers and Calvert, 1984; Lin et al. 1995).

Hispanic ethnicity and antidepressant use

- Previous research found that Hispanics required less antidepressant medication than non-Hispanic whites and they reported more side effects than non-Hispanic whites (Marcos and Cancro, 1982).
- Very little prior work has specifically studied how ethnicity impacts communication about antidepressants and whether Hispanic patients are more or less adherent to antidepressant medications than non-Hispanic whites.

General physician-patient communication literature

- Previous research on physician-patient communication has found that physicians stated more information to Whites than to Blacks and Hispanics (Hall et al. 1988; Tuckett et al. 1985).
- Physicians exhibited better question-asking skills with non-Hispanic whites compared to Hispanics (Hooper et al. 1982).

Purpose of the Study

- To examine how patient and physician ethnicity influence physician-patient communication about prescribed antidepressant medication.
- To determine how patient and physician ethnicity are related to adherence to prescribed antidepressant medication during the 100-day period after an audio-taped visit.

Methods

- Data set was collected during 1995 at the University of New Mexico Health Sciences Center's general medicine and family practice clinics as part of a larger study.
- 27 resident physicians participated and 407 of their Hispanic and non-Hispanic white adult patients.
- Informed consent was obtained from both physicians and patients.

Methods

- Physicians filled out a demographic questionnaire at the start of the study.
- All participating patients had their medical visits audio-tape recorded.
- Patients were interviewed after their visits by bilingual research assistants.
- All physicians filled out a short questionnaire after each audio-taped patient visit.
- All participating patients agreed to have their medical and pharmacy records reviewed.

Antidepressant use and adherence

- Medical record was used to determine if patient was on an antidepressant (N=98).
- 80% of patients had their prescriptions filled at UNM outpatient pharmacy (N=73).
- % adherence during the 100 day period after the audio-taped visit was determined by dividing the sum of the days' supply of medication dispensed by the sum of the number of the days in all refill intervals.

Physician and patient question-asking and information-giving about antidepressants

- | | |
|----------------------------|--|
| ■ Addiction potential | ■ Side effects |
| ■ Dose | ■ Strength |
| ■ Duration | ■ Supply |
| ■ How long until it works | ■ Technical information |
| ■ How well it works | ■ Timing |
| ■ Problems/barriers to use | ■ What medicine the patient is taking or should take |
| ■ Purpose | ■ When the patient should call the physician |



GEE Analyses (N=98)

- Independent: Patient ethnicity, gender, age, educational level, practice setting, type of antidepressant, status of antidepressant, physician age, gender, ethnicity, year of residency, physician fluent in Spanish, patient and physician are same ethnicity.
- Dependent: # physician information areas discussed, # physician questions, # patient information areas discussed, # patient questions.



Patient Characteristics

- 56% Hispanic; 71% female
- Age ranged from 23 to 83 (mean=48).
- 46% on SSRIs; 46% TCAs; 7% on both.
- 84 percent were on the antidepressant prior to the medical visit.




Physician Characteristics (N=25)

- 52% female
- 24% Hispanic
- Age ranged from 26-39 years
- 36% were fluent in Spanish
- 60% in internal medicine
- 40% in first year of residency, 32% in second year, 28% in third year



Visit characteristics

- No patients had interpreters present with them during their visits.
- Seven visits were entirely in Spanish.
- Thirteen patients stated that their medical visit did not occur in their primary language, but none said that they would have preferred their visit to be in their primary language.

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- Forty-four percent of patients saw physicians who were the same ethnicity (23% of Hispanic compared to 70% of non-Hispanic white).
 - 65% of patients saw physicians who were the same gender (51% of male patients compared to 69% of female patients).



Discussion of antidepressants

- 72% of patients who, according to their medical records, were prescribed new or continued antidepressant medications discussed them with their physicians during their visits.
- None of the patient or physician characteristics significantly influenced whether patients who were prescribed antidepressants discussed them with their physicians



Physician information-giving about antidepressants

- Physicians stated information during 58% of encounters (what taking, dose, purpose, side effects).
- Non-Hispanic whites were significantly more likely to be given information than Hispanics (Beta=1.35, $p < 0.05$).
- Patients on new antidepressants were significantly more likely to be given information (Beta=3.75, $p < 0.001$).



Physician question-asking about antidepressants

- Physicians asked questions during 57% of visits (what taking, how well it is working, dose, supply).
- Physicians were more likely to ask patients who were not the same ethnicity as themselves more questions about antidepressants (Beta= -1.75, $p < 0.05$).
- Physicians asked only 1 out of 5 on continued therapy how well their antidepressant was working and only 1 out of 10 about side effects.



Patient information-giving about antidepressants

- 61% of patients stated information during their medical visit (what they are taking, dose, how well it is working, side effects).
- Non-Hispanic whites stated more information than Hispanics (Beta=1.22, $p < 0.05$).




Patient question-asking

- 29% of patients asked questions (dose, what to take, side effects, technical information).
- Younger patients were more likely to ask questions than older patients (Beta= -0.03, $p < 0.05$).
- Patients on new antidepressants were more likely to ask questions (Beta=1.58, $p < 0.001$).
- Patients who saw younger physicians were more likely to ask questions (Beta= -0.09, $p < 0.05$).



Adherence

- Adherence ranged from 0 to 100 percent during the 100-day period after the visit.
- Mean antidepressant adherence was 66 percent.



Independent variables in multivariable regression predicting adherence

- Patient ethnicity, gender, age, years of schooling, emotional health.
- Number of patient questions about antidepressants.
- Type of antidepressant, status of antidepressant.

Antidepressant adherence during 100 day period after the visit (N=73)

- Non-Hispanic white patients were significantly more adherent than Hispanic patients (Beta=0.26, p<0.05).
- Hispanics had a mean adherence rate of 59% and non-Hispanic whites had a mean adherence rate of 75%.
- Patients who were prescribed new antidepressants were significantly less adherent than those on continued therapy (Beta= -0.26, p<0.05).

Williams J, et al. Case-finding for depression in primary care: a randomized trial. *Am J Med.* 1999;106:36-43.

- “Although antidepressant medication may be equally efficacious for different ethnic groups, their effectiveness in clinical use may be attenuated by cultural beliefs and patient preferences”.

Marcos LR, Cantro R. Pharmacotherapy of Hispanic depressed patients: clinical observations. *Am J Psychother.* 1982;36:505-512.

- “Practitioners who treat patients from different ethnic backgrounds must establish good rapport and attempt to understand the psychological, socio-cultural, and biological aspects of each population in order to develop a therapeutic relationship with the patient and to approach pharmacotherapy in a different manner”.

Practice Implication #1

- Consider asking about patient treatment preferences and health beliefs (e.g. spirituality, support groups, counseling, antidepressants, herbs).

Depression Treatment

- Black Americans rate spiritual factors as more important in treating mental health problems.

Millet et al. Black Americans' and White Americans' Views of the Etiology and Treatment of Mental Health Problems. *Community Mental Health Journal* 1996; 32:235-242.
Cooper et al. How important is intrinsic spirituality in depression care? *J Gen Intern Med.* 2001;16:634-638.

- Blacks were significantly more likely to choose counseling over medication
Dwight-Johnson et al. Treatment preferences among depressed primary care patients. *J Gen Intern Med.* 2000;15:527-534.

Use of prescribed medication and home remedies among African American and White American hypertensives.

Brown and Segal *Soc Sci Med* 1996. 43(6):903-917.

- Ethnicity did not significantly influence medication adherence.
- However, African American patients were 3.3 times more likely to use home remedies than White patients.

Distrust, race, and research

Corbie-Smith G et al. Arch Intern Med 2002;162:2458-2463.

- 63% of African Americans compared to 38% of Whites felt that physicians prescribe medication as a way of experimenting on people without their knowledge or consent ($p < 0.01$).
- 42% of Whites compared to 23% of African Americans felt that if their physicians wanted them to participate in research, they would trust he or she to fully explain it ($p < 0.01$).

Drugs, gender, and ethnicity: is the older minority woman at risk?

Kail H. Journal of Drug Issues. 1989;19(2):171-189.

- “Older women of color will have more problems communicating with the doctor because of differences in language, perceptions of illness, and expectations”.

Exploring patients' health beliefs

Kleinman A. et al. Culture, illness, and care: critical lessons from anthropologic and cross-cultural research. Ann Intern Med. 1978;88(2):251-8.

1. **Etiology:** What or who caused this illness, and why?
2. **Symptoms:** What are your symptoms? When did they occur? Why do you think they began?
3. **Pathophysiology:** How has your body (or mind) been affected by this illness?
4. **Diagnosis:** What do you know about this illness? What have people told you? What do you believe about this diagnosis?

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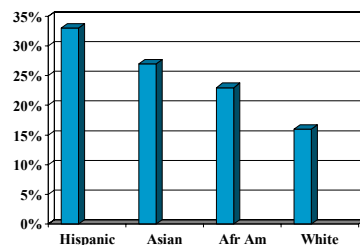
5. **Treatment:** What should be done about this illness? Who should do it? What have you tried already? Did it work? How do you feel about taking medications?
6. **Prognosis:** How long will you be ill? Will anything that you do help to control or cure this illness?
7. **Coping:** What or whom do you need to help cope with this illness?
8. **Meaning:** What does this illness mean to you?

Practice Implication #2

- Assess Comprehension

Trouble understanding the doctor, feeling the doctor did not listen to them, or leaving the doctor's office with unanswered questions

Collins et al. The Commonwealth Fund. Publication 523. 2002.





Difficulty understanding prescription bottles

Collins et al. The Commonwealth Fund. Publication 523. 2002.

- 82% Whites reported it was very easy to understand a prescription bottle compared to 64% of Hispanics and 66% of Asian Americans.



North Carolina pharmacists' attitudes and experiences toward serving Spanish-speaking patients

Sleath et al. *Journal of Pharmacy Teaching*. 2002;9(4):77-92.

- 1998 survey of 300 community pharmacists found that 83% served Hispanic patients but only 4% spoke fluent Spanish.
- 42% of pharmacists stated they needed Spanish-speaking ability in their practices.
- Majority of pharmacists believed that English-speaking patients received better pharmaceutical care than Spanish-speaking patients.



Practice Implication #3

- Consider asking at least one open-ended question about how the antidepressant is working and another on possible side effects/barriers to use.
- Examples: How is your fluoxetine working? What types of problems have you had with your amitriptyline?



Limitations

- The study was conducted in New Mexico where 40 percent of the population is Hispanic and this population is well integrated into the social institutions. Future research on ethnic differences in communication about depression needs to be conducted in other parts of the United States.



Future Research

- Future research needs to explore in more detail why Hispanic ethnicity impacted communication about antidepressants and antidepressant adherence.



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