

POSTER SESSION 2 ABSTRACTS
12th Annual HMO Research Network Conference
May 1-3, 2006 Boston, MA

Racial and Ethnic Disparities in Access, Treatment, and Outcomes
PS2-2

**Preliminary Findings from a Longitudinal Examination
of Depression and Diabetes Outcomes Among African Americans**

B. Lipton, MPH¹, D. White Perkins, MD¹, PhD; V. Hawkins Williams, MPH¹, J.E. Aikens, PhD²

¹Institute on Multicultural Health, Henry Ford Health System

²Department of Family Medicine, University of Michigan

Background: Previous research demonstrates that both depression and African American race are associated with poor diabetes mellitus (DM) related outcomes. In addition, African Americans have been vastly underrepresented in studies of diabetes – depression comorbidity. The purpose of this study is to evaluate associations between depression and diabetes outcomes in a racially-balanced sample of participants.

Methods: The data for this analysis were drawn from baseline of a longitudinal study of depression in diabetes being conducted within a large urban health care system. African American and Caucasian primary care patients, ≥18 years of age with Type 2 DM, were eligible to participate. Recruitment letters were sent to potentially eligible patients, followed by telephone screening and informed consent. Participants completed a measure of depression (Patient Health Questionnaire – 9, PHQ-9) along with other self-report measures assessing diabetes self-care patterns, treatment perceptions, and diabetes-related quality of life. Glycemic control was assessed using HbA1c assays. Data were analyzed by frequency analysis, Student's t-test, and multiple regression analysis.

Results: Between January 2005 and December 2005, 208 participants were enrolled (57% African American and 43% Caucasian; 55% male). Mean (± SD) participant age was 56.0 ± 8.8 years and mean HbA1c was 7.6% ± 1.7 (slightly higher than the reference range). Using PHQ-9 guidelines, 18.3% of participants were classifiable as having probable depressive disorder, which was not significantly associated with ethnicity. However, compared to Caucasians, African Americans reported significantly more barriers to glucose self-testing ($p < .01$), reported significantly more negative illness perceptions ($p < .05$), and demonstrated significantly poorer glycemic control ($p < .05$).

Conclusion: Compared to Caucasians with diabetes, African Americans with diabetes experience more barriers to blood glucose testing, view themselves as having more severe diabetes, and demonstrate poorer glycemic control. These findings imply that efforts to improve African Americans' diabetes outcomes should be culturally-tailored, and should address barriers to glucose testing as well as negative perceptions of having diabetes. Although the study is limited by its cross-sectional design, future studies of its longitudinal extension will consider how depression and self-care behaviors interact over a six-month period to impact long term outcomes.