



Twelve-month prevalence of psychiatric disorders and treatment-seeking among Asian Americans/Pacific Islanders in the United States: Results from the National Epidemiological Survey on Alcohol and Related Conditions

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ABSTRACT

To compare the 12-month prevalence of psychiatric disorders in Asian Americans/Pacific Islanders in contrast to non-Hispanic whites; and further compare persistence and treatment-seeking rates for psychiatric disorders among Asian American/Pacific Islanders and non-Hispanic whites, analyses from the 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions, Wave 1 ($n = 43,093$) were conducted for the subsample of 1332 Asian Americans/Pacific Islanders (596 men and 736 women) and 24,507 non-Hispanic whites (10,845 men and 13,662 women). The past 12-month prevalence for any psychiatric disorder was significantly lower in Asian American/Pacific Islander males and females than non-Hispanic white males and females. Asian American/Pacific Islander males were less likely than non-Hispanic white males to have any mood, anxiety, substance use, and personality disorders, whereas the prevalence of mood disorders among Asian American/Pacific Islander females did not differ from those of non-Hispanic white females. In some cases, such as drug use disorders, both male and female Asian Americans/Pacific Islanders were more likely to have more persistent disorders than non-Hispanic whites. Compared to non-Hispanic white females, Asian American/Pacific Islander females had lower rates of treatment-seeking for any mood/anxiety disorders. Although less prevalent than among non-Hispanic whites, psychiatric disorders are not uncommon among Asian Americans/Pacific Islanders. The lower treatment-seeking rates for mood/anxiety disorders in Asian American/Pacific Islander females underscore the unmet needs for psychiatric service among this population.

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1. Introduction

Asian Americans/Pacific Islanders total 15.2 million in the US, and over the past few years have experienced the largest percentage increase among the major ethnic groups (Abe-Kim et al., 2003; U.S. Census Bureau, 2007). The US Census estimates that by year 2050 Asian Americans/Pacific Islanders will grow to 34

million and constitute 8% of the US population (Bergman, 2004). In congruence with frameworks that seek to eliminate racial and ethnic disparities as central elements to national health care policies in the U.S. (Services USdoHaH, 2009; US Dept of Health and Human Services, 2001; Smedley et al., 2003), research interest on mental health of Asian Americans/Pacific Islanders have been expanding.

Although clinical and community studies using selected samples of college students (Okazaki, 1997), refugees (Beiser, 1988) or the elderly (Iwamasa and Hilliard, 1999) have reported similar or even higher prevalence and severity scores for depression, anxiety, and post traumatic stress disorder (PTSD) in Asian Americans/Pacific Islanders than in non-Hispanic whites, large sample epidemiological studies have generally reported lower

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prevalence for most psychiatric disorders and lower rates of mental health service utilization among Asian Americans/Pacific Islanders (Gee, 2007; Takeuchi et al., 1998; Zhang and Snowden, 1999).

The Chinese American Psychiatric Epidemiology Study (CAPES), which was conducted in Los Angeles County in the 1990s, reported that lifetime prevalence for major depression, dysthymia, generalized anxiety disorder, specific phobia, social anxiety disorder and panic disorder were 6.9%, 5.0%, 1.7%, 1.1%, 1.2% and 0.4% respectively (Takeuchi et al., 1998). The more recent National Latino and Asian American Study (NLAAS) conducted in 2002–2003 reported that the lifetime and 12-month prevalence of any psychiatric disorder in Asian Americans were 17.30% and 9.19% respectively (Gee, 2007), lower than those in national samples of other ethnicities as reported in the National Comorbidity Survey Replication (NCS-R) (Kessler et al., 2005; Kessler and Chiu, 2005).

While these lower prevalence for psychiatric disorders might partially be explained by the lower poverty rates and higher educational levels in Asian Americans/Pacific Islanders (Agrawal et al., 2008; Agerbo et al., 2002; Grant et al., 2009), some studies suggest that the effect of socioeconomic status does not act with the same magnitude in ethnic minorities and non-minorities (Kessler and Neighbors, 1986; Breslau et al., 2005). Recent studies have shown that educational level does not seem to have the same significant positive relationship with self-rated health in Asian Americans/Pacific Islanders and as observed in Whites (Walton et al., 2009). Moreover, socioeconomic status of Asian Americans/Pacific Islanders has been changing rapidly over the last decades. For example, recent studies have suggested that gender interplays with race/ethnicity and socioeconomics on affecting health inequity (Cooper, 2002; Read and Gorman, 2006), psychological well-being (Turner and Avison, 2003) among Hispanics and Blacks (Turner and Avison, 2003). Additionally, although higher persistence for psychiatric disorders has been reported for other ethnic minorities such as Hispanics and Blacks (Breslau et al., 2005), this issue has yet to be examined in Asian Americans/Pacific Islanders. Previous studies have also suggested that, among individuals who have been diagnosed with psychiatric disorders, mental health service utilization rates are lower in Asian Americans/Pacific Islanders than in Whites (Matsuoka et al., 1997). However, whether those ethnic differences occur in both genders is unknown.

Although previous studies have provided valuable information about psychiatric disorders among Asian American population, important questions remain. The present study seeks to build on prior knowledge by drawing on a large and nationally representative epidemiological study, the National Epidemiological Survey on Alcohol and Related Conditions (NESARC) that included psychometrically sound measures of a broad range of psychiatric disorders. To fully characterize the mental health of Asian Americans/Pacific Islanders, we sought to address some of these questions by stratifying the analyses by gender, examining persistence, and adjusting for sociodemographic characteristics. To increase the comparability of our results with previous research on ethnic differences (Breslau et al., 2005; Alegria et al., 2004), non-Hispanic whites were considered the reference group in our study. Specifically, we sought to: (1) examine the 12-month prevalence of psychiatric disorders in Asian Americans/Pacific Islanders in contrast to non-Hispanic whites, stratified by gender; (2) compare the persistence of psychiatric disorders in male and female Asian Americans/Pacific Islanders and non-Hispanic whites; and, (3) estimate the rates of 12-month treatment-seeking among individuals with psychiatric disorders in male and female Asian Americans/Pacific Islanders with psychiatric disorders in contrast to non-Hispanic whites.

2. Methods

2.1. Sample

The 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) is a nationally representative sample of the adult population of the United States conducted by the US Census Bureau, which administered face-to-face interviews under the direction of the National Institute on Alcohol Abuse and Alcoholism, as described in detail elsewhere (Grant et al., 2003). The NESARC target population was the civilian, non-institutionalized population, 18 years or older, residing in households in the 50 states and the District of Columbia. The final sample included 43,093 respondents drawn from individual households and group quarters. African Americans, Hispanics, and young adults (aged 18–24 years) were oversampled. Data were adjusted to account for oversampling and respondent and household nonresponse. The overall survey response rate was 81%. Data were adjusted using the 2000 Bureau Census, to be representative of the US civilian population of a variety of sociodemographic variables.

Respondents in the NESARC were asked about their ethnic backgrounds and all Asian Americans/Pacific Islanders and non-Hispanic whites comprised the sample our study. Our sample included 1332 Asian Americans/Pacific Islanders (596 men and 736 women) and 24,507 non-Hispanic whites (10,845 men and 13,662 women). Based on their country of origin or ascent, Asian Americans/Pacific Islanders could be classified as China/Taiwan, India/Afghanistan/Pakistan, Korea/Japan, Vietnam, Philippines, and “other Asian countries.” However, to be consistent with prior studies (Alegria et al., 2004), all analyses were conducted considering all Asian Americans/Pacific Islanders as a single group, to maximize statistical power and obtain stable estimates.

2.2. Assessment

2.2.1. Psychiatric diagnoses

All diagnoses were made according to DSM-IV criteria using the National Institute on Alcohol Abuse and Alcoholism Alcohol Use Disorder and Associated Disabilities Interview Schedule–DSM-IV version (AUDADIS-IV) (Grant et al., 2003), a valid and reliable fully structured diagnostic interview designed for use by professional interviewers who are not clinicians.

Axis I diagnoses included in the AUDADIS-IV can be separated into three groups: (1) substance use disorders (including alcohol abuse or dependence, drug abuse or dependence, and nicotine dependence); (2) mood disorders (including major depressive disorder, dysthymia, and bipolar disorder); and (3) anxiety disorders (including panic disorder, social anxiety disorder, specific phobia, and generalized anxiety disorder). The test–retest reliability of the AUDADIS-IV measures of DSM-IV diagnoses has been reported elsewhere (Grant et al., 2003). Test–retest reliability was good for major depressive disorder ($\kappa = 0.65–0.73$) and good to excellent for substance use disorders ($\kappa = 0.74$). Reliability was fair to good for other mood and anxiety disorders ($\kappa = 0.40–0.60$) and personality disorders ($\kappa = 0.40–0.67$). History of conduct disorder and personality disorders were assessed on a lifetime basis. The latter ones included DSM-IV avoidant, dependent, obsessive–compulsive, paranoid, schizoid, histrionic, and antisocial personality disorders. Personality disorder diagnoses required long-term patterns of social and occupational impairment and substance-induced cases were excluded as explained in detail elsewhere (Grant et al., 2004).

2.2.2. Two year persistence of psychiatric disorders

Disorders were considered persistent if their first onset occurred at least 2 years prior to the interview and were present in the 12

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