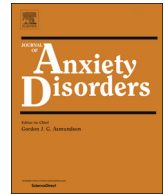




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Cultural influences on mental health symptoms in a primary care sample of Latinx patients

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ABSTRACT

The present study examines how both between group (i.e., ethnic group membership) and within group cultural factors (i.e., nativity status, age of immigration, and perceived discrimination) may contribute to anxiety and related symptoms in Latinx with anxiety disorders. Baseline data were examined from patients who participated in one of the largest intervention studies for adults with anxiety disorders in primary care settings; 196 Latinx and 568 NLW (non-Latinx White) patients participated. Proportions of anxiety disorders were similar between Latinx and NLWs; however, Latinx, on average, had a greater number of anxiety disorders than NLWs. Levels of anxiety and depression symptom severity, anxiety sensitivity, and mental functional impairment were similar between the ethnic groups. Latinx expressed greater somatization and physical functional impairment than NLWs. Among Latinx, perceived discrimination, but not other cultural variables, was predictive of mental health symptoms while controlling for age, gender, education, and poverty. Overall, these findings suggest more similarities than differences in types and levels of anxiety and anxiety-related impairment, with some important exceptions, including greater levels of somatization and physical functional impairment among Latinx patients. Further, perceived discrimination may be an important factor to consider when examining risk for greater symptom burden among Latinx with anxiety.

1. Introduction

Much of the previous research on anxiety disorders among Latinx has focused on ethnic group differences in large epidemiological samples. Although results from these studies suggest mostly comparable prevalence rates for anxiety disorders among Latinx relative to non-Latinx White (NLW) individuals (Asnaani, Richey, Dimaite, Hinton, & Hofmann, 2010; Breslau et al., 2006; Grant et al., 2005; Smith et al., 2006), some studies suggest that rates of anxiety disorders may increase with higher levels of acculturation (Alegria et al., 2008; Burnam, Hough, Karno, Escobar, & Telles, 1987). More consistently, studies have found ethnic group differences in the persistence of these disorders (Breslau, Kessler, Su, Aguilar-Gaxiola, & Kessler, 2005), as well as differences in symptom expression, with Latinx reporting greater

persistence and more somatic expressions of anxiety. Furthermore, studies have also found that variables such as acculturative stress and discrimination share a consistent relationship with anxious and depressive symptoms in Latinx (Berkel et al., 2010; Chou, Asnaani, & Hofmann, 2012; Finch, Kolody, & Vega, 2000; Hovey & Magana, 2000; Hwang & Goto, 2008; Otiniano Verissimo, Gee, Ford, & Iguchi, 2014; Torres, 2010).

Data also suggest heightened functional impairment in Latinx and other minority groups with anxiety when compared to NLWs (Moitra et al., 2014; Polo, Alegria, Chen, & Blanco, 2011). For instance, Polo and colleagues found higher impairment across home, work, and relationship domains for Latinx with social anxiety relative to NLWs with social anxiety. Other studies have found comparable to lower levels of functional impairment in Latinx relative to NLWs (Huang, Chung,

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Kroenke, & Spitzer, 2006; Ortega & Rosenheck, 2000). More research examining differential severity and burden of disability across racial and ethnic groups is necessary, especially in light of treatment outcome data suggesting that functional impairment often persists even when symptoms resolve (Stout, Dolan, Dyck, Eisen, & Keller, 2001).

A consistent finding from community and treatment-seeking samples suggests higher rates of somatization in Latinx compared to NLWs (Escobar, Gomez, & Tuason, 1983; Mezzich & Raab, 1980). Researchers have proposed that somatization may be a culturally appropriate way of expressing emotional or social distress in an individual's cultural context (Kirmayer & Young, 1998), whereas other symptoms, including cognitive symptoms of anxiety represent mental health dysfunction that is stigmatized (Varela & Hensley-Maloney, 2009). Existing studies with Latinx have typically included small sample sizes and compared NLWs in the U.S. with Latinx residing in countries outside of the U.S. More data has emerged from studies with youth, in which higher rates of somatization were found among Latinx in the U.S. and Puerto Rico when compared to NLWs; although, these studies also found that results were dependent on region of origin and Spanish language use (Canino, Rubio-Stipec, Canino, & Escobar, 1992; Hirai, Stanley, & Novy, 2006). Additional studies examining whether somatic symptoms are differentially endorsed across Latinx and NLWs may improve both detection and the precision of treatment strategies in clinical samples.

While differences between racial/ethnic groups can be a starting point to understanding the impact of culture on anxiety and related conditions, there are also important within group differences to consider. Given that approximately 40% of the Latinx population in the United States is foreign-born (United States Department of Health and Human Services, 2001), variables related to immigration may be particularly important. It was initially thought that an individual's immigrant status (e.g., being foreign-born) would be associated with various acculturation-related and socioeconomic challenges, placing immigrants at higher risk for developing mental health problems (Leong, Park, & Kalibatseva, 2013); however, research has been mixed in its support of the immigrant risk hypothesis (Alegría et al., 2008). There is some evidence that when considering Latinx in aggregate, foreign-born individuals have lower rates of anxiety and mood disorders as well as substance abuse than their U.S.-born counterparts, a phenomenon referred to as the "immigrant paradox" (Alegría et al., 2008; Burnam et al., 1987; Vega et al., 1998). Overall, studies have yielded inconsistent results regarding risk for psychopathology by nativity status potentially due to differences among Latinx in their age of immigration, length of residency in the U.S., and region of origin (Alegría et al., 2008; Alegría, Sribney, Woo, Torres, & Guarnaccia, 2007). For instance, when examining anxiety in Latinx sub-groups (e.g., Mexicans, Cubans, and Puerto Ricans) the immigrant paradox is found most consistently in Mexicans/Mexican Americans (Alegría et al., 2008). At present, little research has examined the impact of nativity status on anxiety and depressive symptoms or functional impairment in treatment seeking samples.

A more in depth analysis of immigration suggests that age of immigration may be important to consider when examining mental health outcomes (e.g., Alegría, Sribney et al., 2007; Mills & Henretta, 2001; Vega, Sribney, Aguilar-Gaxiola, & Kolody, 2004). Findings, although limited, suggest that individuals who either immigrate during childhood (e.g., before the age of 16) or later in life (e.g., after the age of 35) have been found to be at increased risk for psychiatric disorders (Mills & Henretta, 2001; Vega et al., 2004). It has been hypothesized that individuals immigrating in childhood are more likely to experience intergenerational conflict and stressors associated with balancing two cultures (Alegría, Sribney et al., 2007; Suarez-Orozco & Todorova, 2003). Individuals over the age of 35, on the other hand, may encounter difficulties with language proficiency and transferring education to the U.S., thereby increasing stress (Kaplan & Marks, 1990). A better understanding of age of immigration and its impact on psychological symptoms among those seeking treatment may assist both prevention

and treatment efforts.

Lastly, cultural processes such as acculturative stress, which includes distress related to adapting to a new society and perceptions of discrimination, can also enhance our understanding of the way that culture may impact mental health. Among Latinx community samples, perceived discrimination has been linked to anxiety, depression, suicidality, and substance use (Berkel et al., 2010; Chou et al., 2012; Hwang & Goto, 2008; Otiniano Verissimo et al., 2014). Perceived discrimination also has been associated with increased number of disability days, clinic visits, poor self-rated health, and health-related quality of life in Latinx (Finch, Hummer, Kolody, & Vega, 2001; Howarter & Bennett, 2013; Otiniano & Gee, 2012). Additional attention devoted to cultural processes is necessary in order to have a more nuanced understanding of the causes of anxiety and related disorders in Latinx.

Most of the existing research findings have emerged from community-based and epidemiological surveys, and little is known about anxiety and related impairment in Latinx clinical samples. Latinx who seek treatment may have a unique clinical and sociodemographic profile, given existing data suggesting potential differences in treatment seeking between Latinx and their NLW counterparts. Overall, Latinx are less likely to seek and to receive mental health services compared to NLWs (Alegría et al., 2002; Wang et al., 2005), especially if they are less acculturated or recent immigrants (Alegría, Mulvaney-Day et al., 2007; Cabassa, Zayas, & Hansen, 2006). Some data suggest that Latinx who receive services may take longer to seek treatment than NLWs (Wells, Klap, Koike, & Sherbourne, 2001), suggesting a longer chronological gap between onset of symptoms and treatment.

Latinx patients in primary care are particularly important to study given data suggesting that primary care medical settings are the most common context where Latinx seek mental health services (Vega & Lopez, 2001). In addition, there may be unique characteristics of primary care samples, including high rates of comorbidity between mental health problems and medical diagnoses (Smith, Soubhi, Fortin, Hudon, & O'Dowd, 2012; Wittchen, Lieb, Wunderlich, & Schuster, 1999). Although previous research has established the efficacy and feasibility of anxiety interventions for Latinx in primary care (Chavira et al., 2014; Miranda, Azocar, Organista, Dwyer, & Areane, 2003), there remains limited information about risk factors for anxiety symptoms, and mental health symptoms more generally, among Latinx in this setting. There has been some research that found that transdiagnostic factors (e.g., anxiety sensitivity; the interaction between anxiety sensitivity and other factors such as negative affectivity and social status) contribute to anxiety and depressive psychopathology among Latinx in primary care (Zvolensky et al., 2015; Zvolensky et al., 2016). The identification of risk factors among Latinx presenting to primary care will be crucial to future screening protocols and mental health interventions targeting primary care settings and underserved populations.

1.1. Aims and hypotheses

This study addresses a need for research examining the clinical presentations of Latinx, individuals with anxiety disorders, including information on ethnic differences in diagnostic rates and symptom expression. Furthermore, this study is novel in that it goes beyond an examination of ethnic group differences and begins to explore the impact of within group variability on anxiety and related symptoms in a large primary care sample. Latinx in primary care are particularly important to study given data suggesting that primary care medical settings are the most common context where Latinx seek mental health services (Vega & Lopez, 2001).

We hypothesize that Latinx will exhibit comparable rates of anxiety disorders, and anxiety-related symptoms relative to NLWs; however, based on research that suggests Latinx are more likely to present with mixed symptoms of anxiety and depression (Camacho et al., 2015; Fava et al., 2006), we predict Latinx will be more likely to have a comorbid

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