

Changes in Self-Reported Depressive Symptoms in the United States from 2005-2016

Kelley Kauffman MSN, APRN-CNP, PMHNP¹; Christine Horvat Davey PhD, BSPS, RN²;

Ashwini R. Sehgal MD¹

1. MetroHealth Medical Center affiliated with Case Western Reserve University School of Medicine, Cleveland, Ohio

2. Case Western Reserve University Frances Payne Bolton School of Nursing, Cleveland, Ohio

Disclosure statement:

This project is funded by a grant from the National Institutes of Health DK112905

Author Kelley Kauffman has no other funding sources or conflicts of interest to disclose

Author Christine Horvat Davey has no other funding sources or conflicts of interest to disclose

Author Ashwini R Sehgal receives funding from National Institutes of Health grants MD002265 and DK112905

Corresponding Presenter:

Kelley Kauffman kkauffman@metrohealth.org

ABSTRACT

Problem:

Depression is the fifth most common cause of disability in the United States [1]. Depressive symptoms are also commonly experienced with numerous psychological disorders and with medical comorbidity. Impairment from depressive symptoms can range from being very mild and almost undetectable to complete incapacity [2]. Depressive symptoms are linked with a higher chronic disease burden [3] and are a predictor for worse treatment outcomes in other psychological disorders and drug dependence [4]. Additionally, depressive symptoms are associated with greater mortality risk [5]. In turn, it is essential to analyze trends in depressive symptoms in order to address this substantial mental health care issue. This study aims to determine US trends in self-reported depressive symptoms between 2005-2016.

Theoretical Framework:

Bronfenbrenner's Ecological Systems Theory [6] provides the framework for exploring national trends in depression that may be influenced at the exosystem level. This theory will guide future implications for intervention and research.

Methods:

We examined data from the National Health and Nutrition Examination Survey (NHANES) from 2005-2016 [7]. Depressive symptoms were assessed using the 9-item Patient Health Questionnaire (PHQ9), with a total score ≥ 10 indicating greater severity.

Results:

A total of 31,191 individuals contributed PHQ9 data from 2005-2016. Mean PHQ9 score increased from 2.7 to 3.2 over this time period. The absolute proportion of individuals with total PHQ9 score ≥ 10 increased from 6.2% to 8.1% (for a relative increase of 31%). After adjustment for participant demographic characteristics and comorbid conditions, the odds ratio for high PHQ9 score at the end vs. the beginning of the study interval was 1.30 (95% confidence interval 1.10-1.54). The individual items with the largest relative increases were anhedonia (52.4%), guilt (44.7%), movement (46.2%), and self-harm (44.4%).

Implications for psychiatric-mental health nursing practice:

There were sizeable increases in the prevalence of depressive symptoms in the United States over an 11-year period. This increase suggests that continued efforts should be made by nurses to provide holistic health care in all practice areas.

Implications for future research:

Further work is needed to understand the reasons for and implications of this increase.

References:

1. Institute for Health Metrics and Evaluation. (2018). *United States*. Retrieved on 02/22/2019 from http://www.healthdata.org/united_states
2. American Psychiatric Association: Diagnostic and statistical manual of mental disorders, 5th edition. Arlington, VA, American Psychiatric Association, 2013.
3. Poole L, Steptoe A. Depressive symptoms predict incident chronic disease burden 10 years later: Finding from the English Longitudinal Study of Ageing (ELSA). *J Psychosom Res*. 2018 Oct; 113:30-36.
4. Compton III WM, Cottler LB, Jacobs JL, Ben-Abdallah A, Spitznagel EL. The role of psychiatric disorders in predicting drug dependence treatment outcome. *Am J Psychiatry*. 2003; 160(5),890–895. <https://doi.org/10.1176/appi.ajp.160.5.890.6>.
5. Everson-Rose SA, House JS, Mero RP. Depressive symptoms and mortality Risk in a national sample: confounding effects of health status. *Psychosomatic Med*. 2004; 66(6),823–830.
6. National Academies of Sciences, Engineering, and Medicine. 2016. *Preventing Bullying Through Science, Policy, and Practice*. Washington, DC: The National Academies Press. Chapter 3. Page 73. <https://doi.org/10.17226/23482>.

7. Centers for Disease Control and Prevention (CDC). National Center for Health Statistics (NCHS). National Health and Nutrition Examination Survey Data. Hyattsville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005-2016. <https://www.cdc.gov/nchs/nhanes/index.htm>

Table 1. Characteristics of NHANES Participants, 2005-2016

	2005-2006		2007-2008		2009-2010		2011-2012		2013-2014		2015-2016	
	n	%	n	%	n	%	n	%	n	%	n	%
Gender												
Male	2312	48.2%	2687	49.6%	2759	49.7%	2483	50.4%	2585	48.1%	2508	48.9%
Female	2487	51.8%	2728	50.4%	2787	50.3%	2442	49.6%	2787	51.9%	2626	51.1%
Age, years												
18-39	2164	45.1%	1924	35.5%	2007	36.2%	1893	38.4%	2025	37.7%	1867	36.4%
40-59	1324	27.6%	1652	30.5%	1787	32.2%	1487	30.2%	1705	31.7%	1602	31.2%
60-79	1038	21.6%	1521	28.1%	1431	25.8%	1272	25.8%	1360	25.3%	1369	26.7%
80+	273	5.7%	318	5.9%	321	5.8%	273	5.5%	282	5.2%	296	5.8%
Race/Ethnicity												
Non-Hispanic White	2311	48.2%	2532	46.8%	2683	48.4%	1836	37.3%	2315	43.1%	1710	33.3%
Non-Hispanic Black	1143	23.8%	1123	20.7%	986	17.8%	1319	26.8%	1087	20.2%	1096	21.3%
Hispanic	1161	24.2%	1569	29.0%	1606	29.0%	987	20.0%	1234	23.0%	1590	31.0%
Other Race	184	3.8%	191	3.5%	271	4.9%	783	15.9%	736	13.7%	738	14.4%
Number of Comorbidities												
0	2908	60.6%	2936	54.2%	3131	56.5%	2846	57.8%	3030	56.4%	2846	55.4%
1	1125	23.4%	1371	25.3%	1382	24.9%	1149	23.3%	1308	24.3%	1184	23.1%
2	454	9.5%	613	11.3%	591	10.7%	514	10.4%	594	11.1%	633	12.3%
3	176	3.7%	291	5.4%	256	4.6%	232	4.7%	251	4.7%	248	4.8%
4+	136	2.8%	204	3.7%	186	3.4%	184	3.7%	189	3.6%	223	4.4%

	2005-2006		2007-2008		2009-2010		2011-2012		2013-2014		2015-2016		Relative change (2015/16 vs. 2005/06)	
	Mean Score	Score ≥ 10	Mean Score	Score ≥ 10	Mean Score	Score ≥ 10	Mean Score	Score ≥ 10	Mean Score	Score ≥ 10	Mean Score	Score ≥ 10	Mean Score	Score ≥ 10
All participants	2.7	6.2%	3.3	9.7%	3.3	9.4%	3.2	8.9%	3.3	9.5%	3.2	8.1%	18.5%	30.6%
Gender														
Male	2.3	5.2%	2.7	6.8%	2.7	6.7%	2.6	6.4%	2.6	6.5%	2.8	6.5%	21.7%	25.0%
Female	3.1	7.2%	3.9	9.7%	3.9	12.1%	3.7	11.5%	3.9	12.3%	3.6	9.6%	16.1%	33.3%
Age, years														
18-39	2.8	5.5%	3.3	9.9%	3.5	9.2%	3.1	7.7%	3.0	7.5%	3.2	7.6%	14.3%	38.2%
40-59	3.1	9.0%	3.8	12.5%	3.8	12.3%	3.6	11.6%	3.4	10.7%	3.4	8.6%	9.7%	-4.4%
60-79	2.3	4.9%	2.9	7.7%	2.8	7.2%	2.9	8.4%	3.6	11.2%	3.2	8.6%	39.1%	75.5%
80+	2.2	2.9%	2.6	2.8%	2.1	5.0%	2.6	5.5%	3.4	9.2%	3.2	6.1%	45.5%	110.3%
Race/Ethnicity														
Non-Hispanic White	2.6	5.1%	3.3	9.0%	3.2	8.3%	3.2	9.6%	3.4	9.7%	3.4	8.9%	30.8%	74.5%
Non-Hispanic Black	2.9	8.3%	3.2	9.7%	3.4	10.0%	3.2	8.8%	3.4	9.9%	3.2	7.7%	10.3%	-7.2%
Hispanic	2.8	6.4%	3.4	10.8%	3.6	11.0%	3.5	10.9%	3.5	10.9%	3.4	8.7%	21.4%	35.9%
Other Race	2.9	5.4%	3.0	8.4%	3.3	8.9%	2.5	5.1%	2.7	6.0%	2.7	5.4%	-6.9%	0.0%
Number of Comorbidities														
0	2.4	4.2%	2.5	5.9%	2.9	7.1%	2.6	6.1%	2.5	5.3%	2.6	5.2%	8.3%	23.8%
1	2.9	7.4%	3.7	11.2%	3.4	8.9%	3.1	8.8%	3.7	11.1%	3.4	8.9%	17.2%	20.3%
2	3.4	9.5%	4.3	15.0%	3.9	13.0%	4.3	14.4%	4.5	16.0%	4.2	11.9%	23.5%	25.3%
3	3.9	15.9%	5.2	18.6%	5.1	21.1%	5.2	18.5%	5.3	20.3%	4.6	12.9%	17.9%	-18.9%
4+	5.2	16.2%	6.2	24.0%	6.3	25.8%	6.4	26.1%	7.2	31.2%	6.7	25.1%	28.8%	54.9%

Symptom	2005-2006 n=4799		2007-2008 n= 5415		2009-2010 n= 5546		2011-2012 n= 4925		2013-2014 n= 5372		2015-2016 n= 5134		Relative Change (2015/16 vs. 2005/06)	
	Mean Score	Score 2-3	Mean Score	Score 2-3	Mean Score	Score 2-3	Mean Score	Score 2-3	Mean Score	Score 2-3	Mean Score	Score 2-3	Mean Score	Score 2-3
1. Anhedonia	0.29	6.3%	0.35	7.4%	0.39	8.6%	0.37	8.4%	0.41	9.9%	0.40	9.6%	37.9%	52.4%
2. Feel depressed	0.30	6.1%	0.38	8.0%	0.37	8.1%	0.35	7.4%	0.36	7.7%	0.34	7.2%	13.3%	18.0%
3. Sleep disturbance	0.54	12.5%	0.68	17.2%	0.66	17.0%	0.61	15.1%	0.62	15.8%	0.61	15.0%	13.0%	20.0%
4. Fatigue	0.71	14.4%	0.77	17.5%	0.74	16.5%	0.71	15.6%	0.77	17.0%	0.78	17.5%	9.9%	21.5%
5. Appetite	0.31	6.8%	0.38	9.4%	0.40	9.5%	0.38	9.2%	0.39	9.7%	0.40	9.3%	29.0%	36.8%
6. Guilt/ worthlessness	0.20	3.8%	0.28	6.2%	0.27	5.8%	0.27	6.1%	0.27	6.0%	0.24	5.5%	20.0%	44.7%
7. Concentration	0.22	4.5%	0.26	5.8%	0.28	6.1%	0.26	6.2%	0.29	7.1%	0.26	6.1%	18.2%	35.6%
8. Hypoactivity/ Hyperactivity	0.13	2.6%	0.17	4.0%	0.18	4.0%	0.18	4.4%	0.18	4.4%	0.16	3.8%	23.1%	46.2%
9. Self-harm	0.05	0.9%	0.07	1.3%	0.05	1.1%	0.06	1.4%	0.05	1.2%	0.06	1.3%	20.0%	44.4%