With a Little Help From My Friends?:

The role of social support in adherence to antidepressant medication

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Introduction

- Although detection and treatment rates for geriatric depression have improved, adherence to antidepressant medication remains low among older adults.1
- Nonadherence to medications is estimated at 40-75% and given this emerging “treatment gap,” better understanding of the modifiable factors that influence treatment adherence is needed.2
- While the positive influence of social support on depression outcomes including lessening time to remission and improving depression symptomatology is well studied, less is known regarding impact on antidepressant medication adherence.3,4
- The goal of this study was to evaluate the role of perceived social support on adherence to new antidepressant medication prescriptions in later-life depression.

- Given the importance of social support on multiple facets of depression trajectory in older adults, it was predicted that social support would be significantly associated with the ability of subjects to adhere to antidepressant treatment.

Method

- Data were obtained by combining samples from two concurrent prospective observation studies with subjects recruited from 3 primary care clinics at the University of Michigan (N=183) and primary care or psychiatry outpatient clinics at four Veterans Affairs Medical Centers located in Michigan (N=269).

- Study participants were age 60 or older, diagnosed with clinically significant depression (Geriatric Depression Scale >5), and given a new antidepressant prescription by their primary care provider or psychiatrist.

- Adherence at 4 months was determined based on the Brief Medication Questionnaire, a validated self-report measure.5

- A subscale of the Duke Social Support Index (DSSI) was used to assess perceived social support with a score of ≤23 considered impaired based on population norms.6

- Logistic regression analysis was used to assess the relationship between adherence and social support, controlling for demographics, illness burden, cognitive functions, veteran status, and treatment site (psychiatry vs. primary care).

- Logistic regression analysis demonstrated no significant relationship between perceived social support and 4-month medication adherence (OR 0.92, 95% CI: 0.62-1.37, P = 0.69).

- However, when stratifying results by race, a significant relationship between race, social support, and treatment adherence emerged (Table 2). African-American women with impaired social support had significantly lower rates of medication adherence as compared to white women and men with impaired social support.

Table 2. Antidepressant medication adherence rates by race, gender, and clinical population (% adherent).

<table>
<thead>
<tr>
<th>Race</th>
<th>Gender</th>
<th>Adequate Social Support</th>
<th>Impaired Social Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td>Male</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>African-American</td>
<td>Female</td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td>White Male</td>
<td>Male</td>
<td>42%</td>
<td>58%</td>
</tr>
<tr>
<td>White Male</td>
<td>Female</td>
<td>35%</td>
<td>65%</td>
</tr>
</tbody>
</table>

• In logistic regression models controlling for demographic, illness, site of care, and functional status variables, significant differences remained between African-American females with impaired social support and white males and females with impaired social support.

Table 3. Social support (SS) group comparisons by race and gender.

<table>
<thead>
<tr>
<th>Race</th>
<th>Gender</th>
<th>Adequate Social Support</th>
<th>Impaired Social Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American</td>
<td>Male</td>
<td>1.65 (0.43-6.30)</td>
<td>0.4853*</td>
</tr>
<tr>
<td>African-American</td>
<td>Female</td>
<td>1.25 (0.79-2.01)</td>
<td>0.3322</td>
</tr>
<tr>
<td>White Male</td>
<td>Male</td>
<td>3.24 (0.97-10.82)</td>
<td>0.0588</td>
</tr>
<tr>
<td>White Male</td>
<td>Female</td>
<td>4.02 (1.14-13.08)</td>
<td>0.0322</td>
</tr>
</tbody>
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Conclusions

- There is a significant relationship between race, perceived social support, and antidepressant medication adherence.

- African-Americans with impaired social support had the lowest levels of antidepressant medication adherence and may represent a vulnerable population in regards to medication treatment adherence.

- Factors such as racial perspectives towards mental health care, views on antidepressant medication efficacy, and access to care may be underlying our findings.

- Targeted interventions for individuals with low level of support should be sensitive to racial differences and may include social skills training, assessment of quality and quantity of relationships, and encouragement of participation in community and patient advocacy groups to help improve treatment compliance.

References