

Titre de l'article

The role of family history in mental health service utilization for major depression.

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Résumé

BACKGROUND:

The purpose of the study was to examine the association between family history of major depressive disorder (MDD) and mental health service utilization for MDD.

METHODS:

Data come from wave 1 (2001-2002) and wave 2 (2004-2005) of the US National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). The AUDADIS was used to determine the presence of lifetime and incident MDD. Participants with a mother, father, grandparent or sibling with MDD were considered to have a positive family history. Mental health service utilization among participants with lifetime MDD was studied. Data were analyzed using logistic regression models adjusted for socio-demographic characteristics (age, sex, education, marital status, family income) and disease severity.

RESULTS:

Approximately 7940 NESARC participants had lifetime MDD, 54.7% of them had family history of the disorder. Compared to participants with no family history of MDD, those with such family history were two times more likely to access treatment (OR: 2.37, 95% CI: 2.11-2.68). Parental, and particularly maternal history of MDD, was most strongly associated with MDD treatment.

LIMITATIONS:

Data were unavailable on the timing of family history of MDD and its possible under-report, and differences between participants with treated vs untreated relatives. Institutionalized individuals were not included.

CONCLUSIONS:

Individuals with parental and maternal history of major depression were two times more likely to receive treatment for MDD than those with no such history. Efforts to increase access to healthcare for those who do not report family history of MDD could prove effective in addressing existing unmet treatment needs.

Mots-clés

Family history; Grandparents' history; Major depression disorder; Mental health service utilization; Parental history; Siblings' history

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