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Nearly 1 in 5 Utah women use antidepressants

Health report • Women in northern Utah pop the most pills, while Provo women use meds the least.



By Heather May The Salt Lake Tribune

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Utah women are twice as likely as men to be on antidepressants, according to a new report.

And while some cling to a stereotype of Utah County women needing the most help battle depression, they are the least likely to have a prescription.

It's women in northern Utah — Roy, Hooper, Riverdale, Brigham City, Layton and parts of Box Elder, Cache and Rich counties — who pop the most pills.

In fact, one-fifth of the insured women there were on antidepressants last year.

But that, says an Ogden psychiatrist, may be a good thing.

Noting that 20 percent of the population will experience major depression at some point in their life, Michael Marcum said the data may mean he and others are doing good job.

"I don't think we're over-diagnosing or over-prescribing at all," said the medical director of the psychiatry department at McKay Dee Hospital in Ogden. The Intermountain Healthcare hospital is part of that system's urban north region, which covers much of northern Utah.

"If other areas of the state were as vigilant, they may well find the same kinds of [prescription rates]."

The 2010 Antidepressant Use in Utah Report was released by the Utah Department Health's Health Data Committee Wednesday. The data comes from 2009 pharmacy claims for 899,323 Utahns ages 18 to 64 who were commercially insured. It doesn't include Utahns on Medicaid or Medicare or the uninsured.

Once that information is included in a future analysis, the picture on what ZIP code contain the highest users could change, said study author Mark Gaskill. Wednesday report showed Provo women had the state's lowest use of the drugs, at 8 percent.

But that doesn't mean one neighborhood is more depressed than another.

In fact, the study did not determine whether or not the Utahns prescribed the drugs were also diagnosed with depression. Antidepressants are also given to treat anxiety and sleeping disorders.

The wide geographic disparity could be attributed to whether or not women have insurance. Some of the areas that have low rates of antidepressant prescriptions also have some of the highest uninsured rates, including parts of Provo, according to other state department data.

"If you've got insurance you're more likely to go and get treated for depression," Gaskill said.

His report points to another possible explanation of the geographic differences: Many women in northern Utah are diagnosed with more chronic diseases.

The report showed antidepressant use is greatest among people who have been diagnosed with two or more "significant chronic diseases." Fifty-two percent of people who have three significant chronic diseases are prescribed antidepressants.

The report was presented to lawmakers at a health systems reform task force meeting. Some questioned whether the drugs were over-prescribed.

"Is it possible to look at doctors and their prescribing practices?" asked Rep. Ronda Menlove, R-Garland.

Rep. Brad Daw wants to compare usage among patients with comprehensive health coverage versus high-deductible policies. Some mild cases of depression could be better managed with exercise and other lifestyle changes, suggested the Orem Republican.

Marcum said Intermountain's urban north region has done a better job than other regions in integrating mental health services through every Intermountain primary care practice.

Each patient is asked whether they are depressed or if they lack enjoyment or pleasure. Patients with Intermountain's Select Health insurance are called if they don't refill their antidepressant medications.

Marcum said treating depression is less expensive than letting it fester. "It's an exceptionally expensive and very negative condition to have." It reduces productivity and increases other health care costs, because depressed patients use the system more and depression is linked to other diseases, such as diabetes, he said.

Even with more analysis, the gender gap likely won't shrink. Statewide, 17 percent of insured women ages 18 to 64 were prescribed antidepressants in 2009, compared with 8 percent of men.

Women are considered to be at higher risk of depression due to hormonal changes they go through during child-bearing years, from menstruation to pregnancy to menopause, according to psychiatrists.

Plus, "women are in touch with their feelings and are able to describe them and able to admit needing some help," said William M. McMahon, chairman of the psychiatry department at the University of Utah. "Men are often very stoic and may even deny depression when anybody living with them would say, 'You're grumpy; you're not happy.' "

Kim Haws, 52, says the postpartum depression she experienced with her fifth child was the trigger that exacerbated her underlying genetic predisposition to depression.

Despite wanting to sleep nonstop and fantasizing about leaving her family and committing suicide, the normally upbeat Haws initially resisted the label and drugs.

"Even though that sun is out in the morning, we don't see it," she said. "We are in such a deep dark hole you feel like there is no way out."

After being hospitalized, she decided it was time to treat her disease like her daughter was treating diabetes.

Haws has been on antidepressants for 19 years. The sun, she says, now shines. "It's like, 'Oh, my goodness, I'm feeling me coming back.' ... I enjoy my grandkids again."

The Bountiful woman now works at the Utah Chapter of the National Alliance on Mental Illness. She is glad so many people are getting prescriptions.

"It is a good thing that people are reaching out, opening up and seeking the treatment and help they need."

Recently, national reports have pegged Utah as the most depressed state and the state with the nation's highest antidepressant use.

Wednesday's report didn't provide a direct comparison of Utah and the nation. It is difficult to make because no other state has access to commercial insurance companies' data.

Marcum, who said he worked throughout the country before joining Intermountain eight years ago, doesn't believe Utahns are more depressed.

He said the predominant Mormon faith encourages its members to get help.

When he practiced in rural Georgia, by comparison, people thought he was practicing "nothing short of voodoo and satanism. I don't feel that here."

Tribune reporter Kirsten Stewart contributed to this report.

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For help

To seek help for depression, call the Utah Chapter of the National Alliance on Mental Illness at 801-323-9900.

