G. Depression and Medical Health Complaints in a Group of Arab-American Women

Sharifa Aboumediene, MD; Mohamed Farrag, PhD, LP;
Mona Dakroub, AS

Introduction

Published research on the mental health of Arab Americans is rare. Previous research shows that depression was the most common problem among Arab-American mental health clients,[1] a finding that is consistent with published epidemiological research. Depression has become the leading cause of disability in the United States and Europe. It increases the risks of heart attacks and is a frequent serious complicating factor in stroke, diabetes, and cancer.[2] A recently published review of research on the relationship between depression and risk for coronary artery disease concluded that there is substantial evidence for a relationship between depression and adverse clinical outcomes.[3] Another study found that self-reports of depressive symptoms were greater among individuals who also reported digestive system disorders, respiratory problems, and heart problems.[4] The current study explored the relationships between depressive manifestations and physical or medical complaints in a group of Arab-American women.

Methods

Study Participants

The study included 100 Arab-American women who came to ACCESS for different services. They consented to participate in the study after receiving an explanation that non-participation would not have any negative consequences. Participants' ages ranged from 18 to 70 years, with a mean of 34.94 and a standard deviation of 11.86. In the sample, 46% were from Lebanon, 14% from Iraq, and 14% from Yemen. The national background information for 10% of the subjects was unknown. Approximately 16% of the sample included small numbers from other Arab countries (eg, Palestine, Egypt, Sudan, and Algeria).

Measures

The study used the following measures:

—The HSCL-25 Depression Scale (Arabic version) that has 15 items[5] proved to be very helpful in assessing depression among Arab Americans. This scale was found to be a sensitive case-finder of any depressive disorder in elderly people; research has indicated the validity of the scale.[6] The Cronbach Alpha reliability of the depression scale was .92.

—A self-report checklist of health problems.

Results

Table 1 shows that there were significant differences on the depression scale between women who have diagnosed medical problems and women who do not have medical problems. These problems included heart disease, fatigue, headaches, weight gain, and appitite and sleep irregularities.

Discussion

The results of this study showed significant differences between women with or without physical complaints. These findings are consistent with research on the role of depression in the incidence, and negative effects on medical problems. Recent research found depressed individuals appear to have in-

From the Arab Community Center for Economic and Social Services, Dearborn, Michigan.

Means, standard deviations, and *t* test of differences on the depression scale

	Problem		No Problem			
	Mean	**SD**	**Mean**	**SD**	***t* Test**	**Significance**
Heart disease	23.17 (*N* = 18)	13.48	15.60 (*N* = 82)	12.24	2.33	.02
Fatigue	21.75 (*N* = 53)	11.54	11.55 (*N* = 47)	11.93	4.34	.00
Headaches	18.64 (*N* = 69)	12.39	13.23 (*N* = 31)	12.91	1.99	.05
Appetite problems	20.97 (*N* = 39)	12.67	14.39 (*N* = 61)	12.20	2.592	.01
Weight gain	23.40 (*N* = 20)	11.69	15.35 (*N* = 80)	12.54	2.60	.01
Sleep problems	22.04 (*N* = 57)	12.21	10.23 (*N* = 43)	10.12	5.14	.00

creased cortisol levels in response to stress, a finding that may explain the link between depression and osteoporosis.[7] Depression also may worsen the outcome of treatment for cardiovascular patients. Depression was such an important risk factor in one study that the ability of elevated C-reactive protein (CRP) to predict cardiovascular events lost its statistical significance when the analysis was restricted to men without signs of depression.[8]

The findings of the current study call for more integrated and comprehensive care that takes into consideration the important role of psychological factors. With this in mind, the restructuring of primary care and family medical care is warranted. The authors recommend that, at the very least, every person served in primary care and every person with severe medical problems will benefit from a brief psychological screening to assess problems of anxiety and depression. Once a problem is identified, an appropriate referral for treatment should be recommended and would likely include, besides psychotropic medications, cognitive behavior therapy.

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