

Major Depression and Suicidal Ideation in New Mexico Adults

Depression is characterized by depressed or sad mood, diminished interest in activities which used to be pleasurable, sleep disturbance, weight gain or loss, psychomotor agitation or retardation, fatigue, inappropriate guilt, difficulty concentrating, as well as recurrent thoughts of death.¹ In 2016, 17.3% of U.S. adults reported they have ever been told they have depression by a health professional while 18.3% of New Mexico adults say they have been told they have depression.²

Suicidal thoughts or suicidal ideation means thinking about or planning suicide.³ Suicidal behaviors are a serious public health problem and a major cause of morbidity and mortality in New Mexico. Suicide has been increasing in both New Mexico and the United States, with suicide rates in NM at least 50% higher than U.S. rates over the past 20 years. Mental disorders, particularly clinical depression, increase the risk for both thoughts about suicide and suicide attempts.⁴

Current depression and suicidal ideation are both of great interest as preventable and treatable public health issues. This report details the epidemiology of both in New Mexico adults.

Methods

The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, nationwide surveillance system that routinely collects data on the prevalence of a variety of health conditions and behaviors that affect health.⁵ The surveillance system uses a telephone survey to collect data in all 50 states, the District of Columbia, Guam, Puerto Rico and the U.S. Virgin Islands. The CDC established the BRFSS in 1984 with 15 states participating. New Mexico began participating in the BRFSS in 1986. Participation in the survey is voluntary, and all data collected are confidential.

In 2016, the NM BRFSS asked a series of 8 questions from the Patient Health Questionnaire, a validated instrument that can establish a provisional depressive disorder diagnosis using the Diagnostic and Statistical manual of Mental Disorders, Fourth Edition (DSM-IV) criteria. The PHQ-8 was derived from the primary care

Chris Whiteside, MPH

*Epidemiology and Response Division
New Mexico Department of Health*

evaluation of mental disorders developed by Drs. Kurt Kroenke and Robert Spitzer.⁶ The number of days during which symptoms were reported were converted to points; the number of points were then summed across the 8 questions to determine the severity of depressive symptoms. A cut-off score of 10 points or more was used to define current depression.⁶ Survey respondents with a “don’t know,” “refused,” or missing response to one or more of the 8 questions were excluded from the analysis.

In 2016, the NM BRFSS also asked a series of questions on suicide, including if the respondent felt so low in the past year that they thought about suicide (suicidal ideation), if they had ever attempted suicide, and, if so, if they had made an attempt in the past year. Survey respondents with a “don’t know,” “refused,” or missing response were excluded from the analysis.

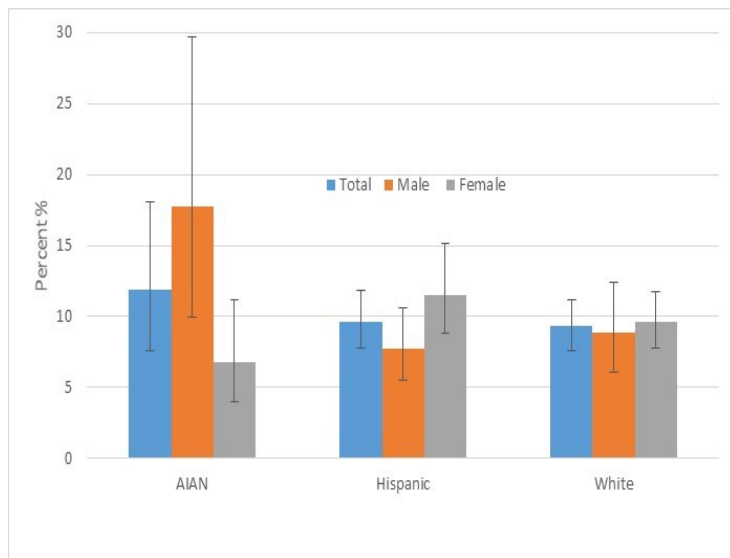
Results

Almost one-tenth (9.8%), or approximately 157,687 NM adults, met DSM-IV criteria for major depression, similar to the 2011 rate (10.2%). 5.6% (90,107 adults) reported that they thought about suicide in the past 12 months. Among NM adults with current depression, 23.1% have ever attempted suicide compared to 4.1% without current depression, and one-third (34.0%) have thought about suicide in the past year compared to 2.5% without current depression. There was not a statistically significant difference between females (10.7%) and males (8.9%) with respect to the percentage with current depression. Males with current depression had a higher prevalence of suicidal ideation in the past year (37.1%) compared to females (31.6%). The prevalence of depression and suicidal ideation was highest among young adults 18-24 years (15.1% and 9.9%, respectively). While middle-aged adults 45-54 years had a higher prevalence of current depression at 12.9% than other age groups, there was a lower prevalence of suicidal ideation as age increased. Females

aged 18-64 years (12.4%) had higher rates of depression than males (9.7%). However, males 18-64 (6.7%) had higher rates of suicidal ideation than females (6.1%).

Overall, American Indians or Alaska Natives (AIAN) had a higher rate of depression (11.9%) than Whites (9.3%) (Figure 1). Depression was more common among AIAN males (17.1%) compared to White males (8.5%). AIAN males had a higher rate of depression than AIAN females (6.8%).

Figure 1. Current Depression by Race/Ethnicity and Sex, NM, 2016



Among all demographic groups, rates of depression and suicidal ideation increased as household income decreased. 19.5% of adults with annual household incomes <\$25,000 met criteria for depression, compared to only 5.0% of adults with household incomes of \$75,000 or more. 10.7% of those with annual household incomes <\$25,000 thought about suicide in the past year compared to 3.2% of adults with household incomes of \$75,000 or more. Depression (27.6%) and suicidal ideation (12.6%) rates were higher among adults who were either unable to work or unemployed than among employed (depression - 6.7%; suicidal ideation - 4.9%) or retired (depression - 5.8%; suicidal ideation - 3.0%) adults. Higher rates of depression and suicidal ideation were associated with having less than a high school education (depression-13.8%, suicidal ideation- 7.2%) compared to having some higher education (depression-9.6%, suicidal ideation- 4.9%) or a college/technical school degree (depression-6.4%, suicidal ideation- 4.0%). Among racial/ethnic groups

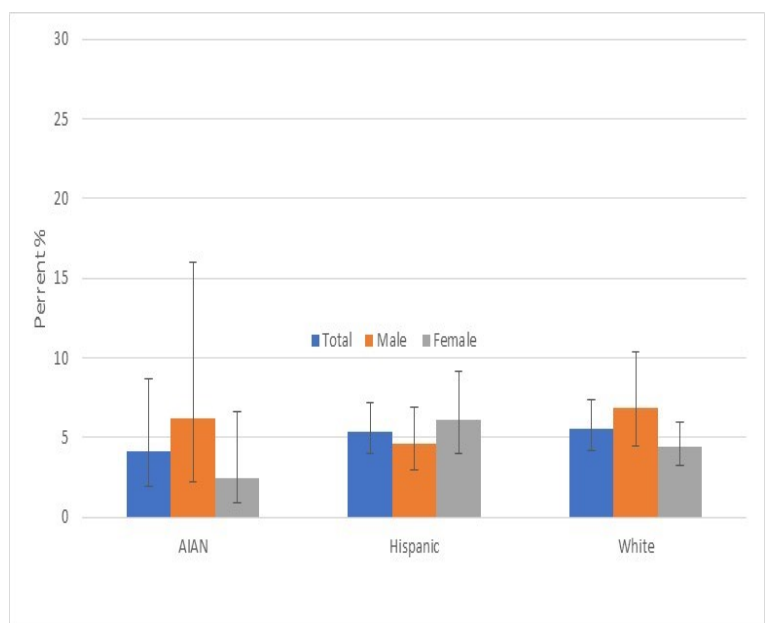
there was no significant difference in suicidal ideation rates (Figure 2).

The prevalence of depression was significantly lower among married or unmarried couples (6.1%) than previously married, never married, and single adults (13.9%). Lesbian, gay, or bisexual adults (depression-25.9%, suicidal ideation- 20.1%) had significantly higher rates of depression and suicidal ideation compared to heterosexual adults (depression-9.3%, suicidal ideation- 5.1%).

Among adults with mild to moderately severe depression, suicidal ideation increased sharply with increasing severity of depression (Figure, back page). There was not a statistically significant difference for suicidal ideation between adults with moderately severe depression and those with severe depression.

Among NM adults with current depression, 60.1 % were told they have a depressive disorder, 53.8% were told by a doctor or healthcare provider that they have an anxiety disorder, and 41.3% were taking medicine or receiving treatment from a doctor or other healthcare professional for a mental health or emotional problem. Among NM adults with current depression who have thought about suicide in the past year, 39.6% were told by a doctor or healthcare provider that they have an anxiety disorder, and 53.6% were taking

Figure 2. Suicide Thoughts in the Past 12 Months, NM, 2016



medicine or receiving treatment from a doctor or other healthcare professional for a mental health or emotional problem.

Depressed adults were more likely to report current smoking (36.8%) compared to those without depression (14.5%) and to report physical inactivity (30.8% vs. 17.6%, respectively). There were no measurable differences in reported binge drinking or seatbelt use between adults with and without depression. Adults who reported suicidal ideation were more likely to report current smoking (35.6%) than those without suicidal ideation (15.6%), and to report physical inactivity (25.4% vs. 19.3%, respectively). They were less likely to report always or nearly always wearing a seatbelt (90.6%) compared to adults who did not report suicidal ideation (96.8%).

Adults with current depression were also more likely to report a lifetime diagnosis of other chronic diseases including diabetes, current asthma, and cardiovascular disease as well as a history of a myocardial infarction or stroke (Figure 3).

Discussion

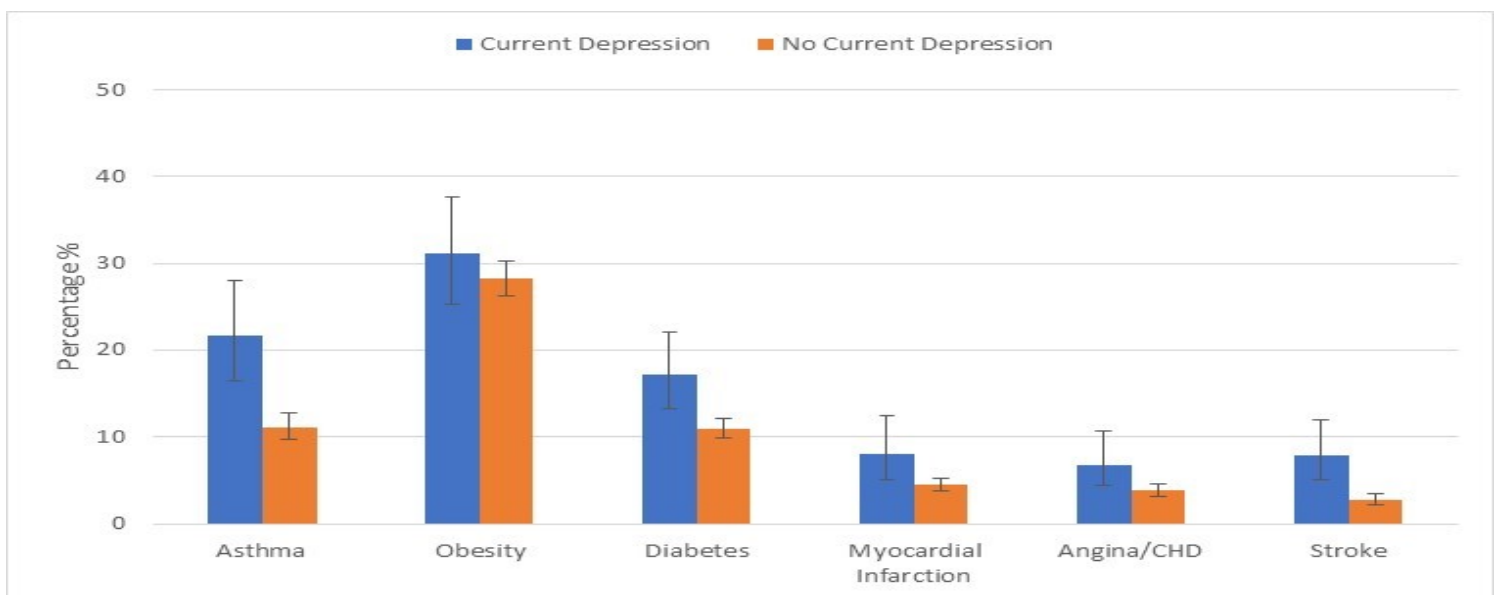
Depression is a treatable mental disorder that can be a precursor to suicide, one of the five leading causes of death in those ages 10 to 54 years.⁷ The U.S. Preventive Services Task Force recommends screening adults for depression, followed by diagnosis, treatment, and monitoring.⁷ Known risk factors and/or outcomes such as smoking, binge drinking, and physical inactivity are

all modifiable with intervention and could be addressed during screening for depression.

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Figure 3. Chronic Health Conditions by Current Depression Status, NM, 2016



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Michael G. Landen, M.D., M.P.H.
State Epidemiologist & Editor

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24-Hour Emergency Number:
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www.health.state.nm.us

Suicidal Ideation by Level of Depression and Sex, NM, 2016

