

# Recognizing and Discussing Depression: Cultural Differences



**Presented By:**

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# Agenda

- This presentation will focus on recognizing patients who might be experiencing depression
  - Practitioner observations
  - Self reports
  - Broaching the subject with patients
  - Case Studies

# Depression Defined

- The essential features in depression are:
  - Dysphoric Mood
  - Loss of Interest in all (almost all) usual activities and pastimes

# Depression Defined

- As practitioners you will want to consider Depression might be present when the following occurs:

# Depression Defined

- The mood disturbance is prominent and persistent over time (almost daily for at least 2 weeks)...
- AND the presence of at least 4 of the following

# Depression Defined

- Poor appetite
- Significant weight loss (when not dieting)
- Sometimes (not as often) increased appetite
- Weight gain

# Depression Defined

- Insomnia
- Hypersomnia

# Depression Defined

- Psychomotor disturbances
  - Slowed speech
  - Agitated speech
  - Hand wringing
  - Teeth clinching/grinding
  - Hair pulling
  - Monotonous speech



# Depression Defined

- Loss of pleasure in things formerly pleasurable
  - (family activities, visiting with friends, religious worship, sex, etc.)

# Depression Defined

- Loss of energy/fatigue

# Depression Defined

- Feelings of worthlessness
  - Excessive guilt
  - Self reproach

# Depression Defined

- Report of the inability to concentrate
  - Think clearly, indecisive, slowed thinking, not feeling sharp

# Depression Defined

- Recurrent thoughts of death
  - Suicidal ideation, wishes to be dead, suicidal attempts, no future orientation

# Depression Defined

- There is a very strong correlation between depression and suicidal ideation
  - Many practitioners won't ask about it for fear of what the answer might be...
    - “I might give them the idea”
  - Many practitioners won't ask because they assume the person will lie...
    - Most commonly, the depressed patient does not have the necessary energy to lie to you...

# Self Reports

- Patients often avoid discussing their 'feelings', but will discuss their actions
- They sometimes will describe their 'circumstances'

# Self Reports

- “I just don’t care anymore”



# Self Reports

- “The situation is hopeless”

# Self Reports

- “It is a sad state of affairs”

# Self Reports

- “The \_\_\_\_\_ is just not fun anymore”

# Self Reports

- “I seem to have no energy”

# Self Reports

- “All I want to do is sleep”

# Self Reports

- “I can’t seem to get any sleep”

# Self Reports

- “My husband (wife, mother, friend, etc) tells me it has been hard to understand me when I speak”

# Self Reports

- “Anyone in these circumstances would be down in the dumps”



# Self Reports

- “I feel bad that I am not able to give my kids (family, friends, etc) what they need”

# Self Reports

- “Sometimes I think everyone would be better off if I were not around”

# Broaching the Subject

- Often patients will not discuss their emotional feelings for some of the following reasons:
  - Asians: It is selfish to talk about how I feel
  - Latinos: Being overly emotional is a sign of being less than
  - Blacks: Mentioning emotions is a sign that one is 'crazy'
  - Women: Sometimes do not want to embody the stereotype of the emotional woman
  - Men: Emotions are signs of weakness

# Broaching the Subject

- It is important not to feel a need to force patients to accept your terminology (Depression)
- Remember that the presenting problem may, on the surface, have nothing to do with depression
- You will want to go with what they give you

# Broaching the Subject

- “Have you noticed a difference in your sleep patterns?”
- “How long have you not been sleeping more than 3 hours per night?”
- “When was the last time you got 8 hours of continuous sleep?”
- “I am concerned that the continued lack of sleep will have a negative impact on your physical health”

# Broaching the Subject

- “How has your appetite been lately?”
- “Sounds like you are not enjoying the dishes you used to enjoy”

# Broaching the Subject

- “Sounds like one of the few remaining pleasures is eating”

# Broaching the Subject

- “Many of my patients, who have as much going on as you do, report losing some of the intimacy they once had with their spouse”



# Broaching the Subject

- “What have your friends (family members) been telling you about how they have experienced you recently?”

# Broaching the Subject

- “What were you doing last year at this time?”

# Broaching the Subject

- “Do you ever feel like it would be better if you were not here?”
- “Do you ever imagine that your family would be better off without you around?”

# Case Study #1

- Mr. Cho is a 43 year old Chinese-American. He is an electrician, who has recently (6 months ago) been laid off. Mr. Cho has 3 school aged children, and his wife is a stay at home mother. He made an appointment with you because of a headache that he has had for about a month.

## Case Study #2

- Mrs. Hernandez is a 36 year old Latina woman. She is a school-teacher and single mom of 2 boys (10 and 13). She is bi-lingual and from a very traditional Mexican-American family. She is in your office for her annual physical. You notice that her facial features are drawn and sad-looking. She has lost considerable weight since you saw her last year. Though she is a well-educated and articulate woman, she is barely audible with slowed speech today.

# Case Study #3

- Ms. Williams is a 24 year old Black female. She is living at home with her parents while attending school locally and working part-time. She is a relatively new patient (you have seen her only twice in your office). On both occasions she was well dressed and seemed to take pride in her appearance. Today, she is unkempt, and not very well dressed. She looks like she just got out of bed and came to your office. She is in for a flu shot, which she informs you that she did not even want, but her mother nagged her to come in.