

Gender differences during the acute treatment phase of a first episode depression

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Purpose

- This study examines gender differences among individuals treated in primary care for a first episode of major depression on:
 - ❖ Illness representations and self-stigma
 - ❖ Coping strategies and social support
 - ❖ Care received in the first six months following a first diagnosis

Methods

- **Inclusion criteria:**

1. ≥ 18 years old
2. English or French-speaking
3. First episode depression as diagnosed by a physician in the previous eight weeks
4. Received a medical prescription for an antidepressant or psychotherapy
5. PHQ-9 result ≥ 10 at the beginning of their participation in the study

- **Recruitment:**

- Advertisements in newspapers
- Posters in medical clinics and drugstores
- Information pamphlets distributed by primary care physicians and mental health caregivers

Measures

Variables	Questionnaires
Illness representations	Illness Perception Questionnaire (Brown et al., 2001)
Self-stigma	Depression Self-Stigma Scale (Kanter et al., 2008)
Activation	Patient Activation Measure (Hibbard et al., 2004)
Coping strategies	BRIEF Cope (Mueller et al., 2003)
Working alliance	Working Alliance Inventory (Horvath and Greenberg, 1989)
Quality of care	Patient Assessment of Chronic Illness Care (Glasgow et al., 2005)
Antidepressant treatment adherence	Morisky's scale (Morisky et al., 2008)

Description of participants

Characteristics	Men (n = 42)	Women (n = 38)
Age *		
18 to 25 years	1 (2)	6 (16)
26 to 35 years	8 (19)	9 (24)
36 to 45 years	7 (17)	12 (32)
46 to 55 years	20 (48)	5 (13)
≥ 56 years	6 (14)	6 (16)
Educational level		
High school or less	13 (31)	7 (18)
College or university	29 (69)	31 (82)
Income		
Below poverty line	15 (37)	13 (34)
Above poverty line	26 (63)	25 (66)

* p < 0.05

Illness representations and Self-Stigma

Representations	Men (n = 42) M (SD)	Women (n = 38) M (SD)
Chronology (acute/chronic)	2.7 (0.7)	2.5 (0.7)
Consequences	3.7 (0.6)	3.8 (0.6)
Personal control	3.8 (0.7)	3.8 (0.5)
Treatment control	3.9 (0.7)	3.9 (0.5)
Coherence	3.4 (0.9)	3.6 (0.9)
Chronology (Cyclic)	3.0 (0.9)	3.4 (0.8)
Emotional representations *	3.5 (0.7)	4.0 (0.6)
Self-stigma	3.9 (1.1)	3.6 (0.9)
Psychological attributions *	3.3 (0.8)	3.8 (0.7)
Social attributions *	2.7 (1.0)	3.1 (0.8)
Physical attributions	2.1 (0.9)	2.0 (0.9)

* p < 0.05

Coping strategies and social support

Variables	Men (n = 42) M (SD)	Women (n = 38) M (SD)
Coping strategies favoring recovery (including use of emotional support, use of instrumental support, active coping and positive reframing) *	2.6 (0.6)	2.9 (0.5)
Coping strategies impeding recovery (including denial, behavioral disengagement, self-blame and substance use)	1.9 (0.5)	1.8 (0.5)
Number of persons with whom he/she talked about his/her depression		
Friends*	1.8 (2.0)	3.4 (2.3)
Family members	1.9 (2.0)	2.8 (2.9)
Colleagues	0.4 (1.0)	1.5 (3.3)
Perceived social support from family and friends	3.5 (1.7)	3.8 (1.2)

* $p < 0.05$

Care received in the first six months

Variables	Men (n = 39) M (SD)	Women (n = 36) M (SD)
Number of visits to the physician	4.5 (2.9)	5.6 (3.9)
Working alliance with physician	62.9 (15.4)	68.5 (10.8)
Taking antidepressant medication, n (%)	31 (79)	32 (89)
Receiving psychotherapy, n (%)	21 (54)	27 (75)
Number of psychotherapy sessions	12.4 (9.3)	15.3 (11.3)
Working alliance with psychotherapist	66.4 (8.5)	60.0 (11.8)
Patient Assessment of Chronic Illness Care	3.0 (0.8)	2.8 (0.8)



Conclusions

- Males and females have more similarities than differences in their experience of a first episode of depression
- Females attributed their depression more to psychological and social causes than males
- Females adopted more strategies favoring recovery than males and reported having more persons in their social network with whom they talk about depression
- There is a non statistically significant trend toward males receiving less care than females, probably because of our small sample size

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