PROJECT INFORMATION

May 2019

Comparing Two Ways to Help Latinx Patients with Depression Who Are Age 50 or Older

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Organization

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What was the research about?

Depression is a common health problem among older adults. People who are depressed feel sad, hopeless, or empty on most days for more than two weeks. Compared with other adults, Latinxs over age 50 are often depressed for longer and are less likely to get high-quality care for their depression.

This study compared two ways to help Latinx patients age 50 or older with depression. In both groups, patients met with trained staff who spoke English and Spanish but didn't have training in counseling.

- **Programa Esperanza.** Patients learned about their mental health and learned skills to help solve their problems. They met one-on-one with staff for about an hour for eight weeks and then for 15 minutes once a month for three months. Patients also received handouts and homework.
- **Depression education.** Patients had a single one-on-one meeting with staff for one hour. They received handouts and learned about depression, treatment options, and where to find help for depression.

All patients in the study received regular primary care and referrals to mental health services when needed.

What were the results?

After one year, patients in the two groups reported similar levels of depression, anxiety, problem-solving

skills, physical abilities, and quality of life. Patients in each group reported

- Fewer symptoms of depression and anxiety
- Improvements in quality of life related to mental health and some problem-solving skills

Who was in the study?

The study included 259 Latinx patients age 50 or older with symptoms of depression. Of these, 92 percent preferred speaking Spanish. The average age was 70, and 78 percent were women. All patients went to clinics that care for older patients with more than one health problem in the Los Angeles, California area.

What did the research team do?

The research team assigned patients to Programa Esperanza or depression education by chance. Patients responded to a survey when the study began and again after 3, 6, and 12 months. The team asked patients about symptoms of depression and anxiety, quality of life, and problem-solving skills.

Patients, case managers, and other healthcare professionals gave input to the research team during the study.

What were the limits of the study?

The research team didn't compare patients in the two study groups with a group who received only usual care. So, the improvements in depression and anxiety seen in the study could be a result of the programs or

something else. Clinic staff and patients may have shared information from Programa Esperanza with patients who had depression education. If so, it would be hard to detect differences between the two groups. All patients were Latinx adults living in California, and most spoke Spanish. Results may differ for patients of other backgrounds.

Future researchers could design a study that would prevent information sharing across groups and include a group without treatment. Studies could also

test if the patient improvements last longer than one year.

How can people use the results?

Health clinics that treat Latinx patients age 50 or older can use these results when considering ways to help patients with depression.

To learn more about this project, visit www.pcori.org/Aranda238.