Letters to the Editor

Disparities in Antidepressant Use

TO THE EDITOR: The article "Racial-Ethnic Disparities in Use of Antidepressants in Private Coverage: Implications for the Affordable Care Act" (1) in the September 2014 issue was timely and interesting. Jung and colleagues provided a good comparison of racial and ethnic disparities in antidepressant use among whites, African Americans, and Hispanics with private insurance, public insurance, and no coverage.

One additional point can be made on this topic. The authors did not note prescriber specialty types in each coverage group. Because the probability of receiving adequate treatment for mental illness increases when patients receive specialty mental health services (2), it would be useful to provide data regarding whether prescription of antidepressants differed by specialty in each coverage group. This information is even more useful when considering gaps in antidepressant use, because African Americans and Hispanics are less likely than whites to utilize specialty services (3,4).

In addition, primary care physicians are less likely to detect mental health problems among African-American and Hispanic patients (3). Therefore, it would be useful to know whether psychiatrists or primary care providers were the majority prescribers in each coverage group. As coverage expands, further research is needed to understand how the differences in prescribing patterns of primary care providers and psychiatrists affect racial and ethnic disparities in antidepressant use.

REFERENCES

1. Jung K, Lim D, Shi Y: Racial-ethnic disparities in use of antidepressants in private coverage: implications for the Affordable Care Act. Psychiatric Services 65:1140–1146, 2014
2. Wang PS, Lane M, Olfson M, et al: Twelve-month use of mental health services in the United States: results from the National Comorbidity Survey Replication. Archives of General Psychiatry 62:629–640, 2005
3. Miranda J, Cooper LA: Disparities in care for depression among primary care patients. Journal of General Internal Medicine 19:120–126, 2004
4. Borowsky SJ, Rubenstein LV, Meredith LS, et al: Who is at risk of nondetection of mental health problems in primary care? Journal of General Internal Medicine 15:381–388, 2000

Tiffany Cooke, M.D., M.P.H.

Dr. Cooke is with the Department of Psychiatry and Behavioral Sciences, Morehouse School of Medicine, Atlanta, Georgia.

Psychiatric Services 2015; 66:212; doi: 10.1176/appi.ps.660201

Disparities in Antidepressant Use: In Reply

IN REPLY: We are happy to see that our article has received attention from clinical researchers like Dr. Cooke. Our primary intention was to provide a descriptive study on racial-ethnic disparities in antidepressant use among patients with private insurance coverage, so that other researchers would be aware of the issue and would conduct further studies on this topic with more nuanced perspectives. We appreciate Dr. Cooke's thoughtful comments, which are the kind of reactions we hoped to get.

We agree with Dr. Cooke—and with the authors whose studies she cites—that the type of care provider (primary care versus specialty care) is an important factor in antidepressant prescribing. Disparities in use of specialty care, combined with the differential prescribing rates of primary and specialty care providers that have been shown in other studies, may have further implications for disparities in antidepressant use. We did not examine type of care provider in our study for two main reasons. First, exploring potential mechanisms behind the disparities was beyond the scope and the original intention of our study. Second, the data from the Medical Expenditure Panel Surveys (MEPS) used in the study, specifically the "Prescribed Medicines" and the "Medical Conditions" files, do not provide information on prescribers.

Given the potential importance of this additional layer of disparity, future research may explore the MEPS "Outpatient Visits" files and "Office-Based Medical Provider Visits" files to identify the type of physician that prescribed the antidepressant. This perspective can be particularly relevant when evaluating coverage expansion under the Affordable Care Act. The potential change in the pattern of specialty care utilization across different racial and ethnic groups under the coverage expansion is itself an interesting research topic.

Yunfeng Shi, Ph.D.
Kyoungrae Jung, Ph.D.
Dooyoung Lim, M.H.A.

SDM Will Not Be Adopted if It Is Not Adapted

TO THE EDITOR: We are happy to respond to Dr. Deegan's commentary on our Open Forum published in the December issue (1,2). First, we want to take the opportunity to clarify some potential misunderstandings regarding SDM-PLUS. As outlined by Dr. Deegan, we proposed three prototypical decision situations. We, however, did not suggest that in "best-choice decisions," the decision should be made by professionals. Rather, we acknowledged the fact that many clinicians have a clear-cut treatment preference in such decisions (for example, the option that is more evidence based). Therefore, we proposed ways to promote patient involvement in decisions in which classical shared decision making (SDM) is regularly not