

# Depression and Health Risk Behaviors Among Adults in Idaho, 2008

## Idaho Behavioral Risk Factor Surveillance System — BRFSS



Data from the  
2008 BRFSS  
Survey

### Key Findings

Depression was associated with higher rates of these health risk behaviors:

- smoking
- sedentary lifestyle
- obesity among women
- no dental visit in past year among women
- no medical checkup in past year among women.

Depression was not associated with prevalences of these health risk behaviors:

- heavy drinking
- binge drinking
- illicit drug use.

Depression was not associated with having these cancer-related screenings:

- colonoscopy
- Pap test
- clinical breast exam.
- PSA test.

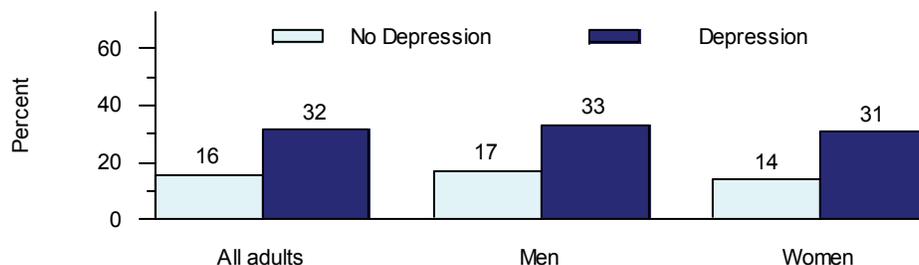
### Chronic Disease, Health Risk Behaviors, and Depression

Chronic diseases such as cancer, diabetes, and heart disease account for nearly 70 percent of all deaths in the United States (1). In Idaho alone, economic costs of chronic disease exceeded an estimated \$5 billion in 2003 (2).

Depression, an independent cause of morbidity, can co-occur with chronic disease and potentially worsen its effects (3,4). Health risk behaviors, such as smoking or leading a sedentary lifestyle, are associated with increased morbidity and mortality from chronic diseases. Depression can be associated with health risk behaviors, potentially contributing to chronic disease risk (5,6).

### Cigarette smoking was more prevalent among adults with current depression than among those with no depression.

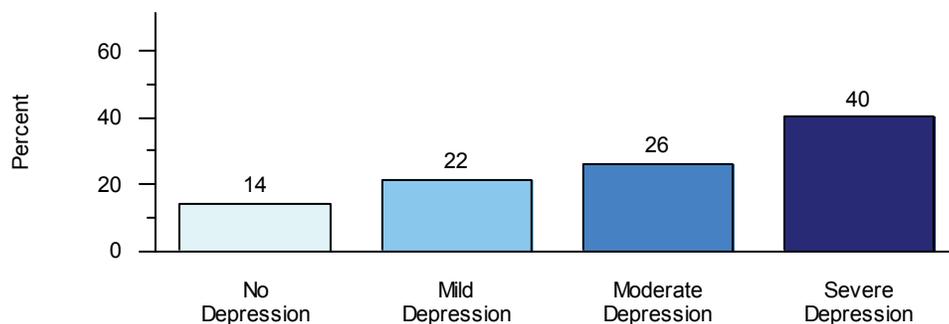
Figure 1. Percent of Idaho adults who were current smokers by depression status, 2008



Women and men with depression had higher rates of smoking than those without depression. Cigarette smoking has been associated with depression nationally (7).

### Prevalence of cigarette smoking increased with greater severity of depression.

Figure 2. Percent of Idaho adults who were current smokers by depression level, 2008

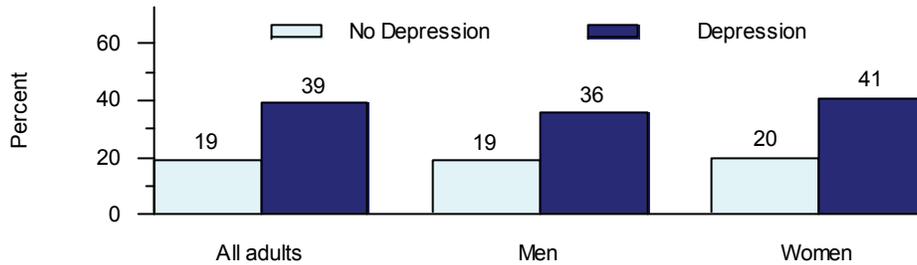


Idaho adults with more severe depression had higher rates of cigarette smoking than those with less severe depression. The increasing trend was statistically significant.



**Lack of leisure time physical activity was more prevalent among adults with current depression than among those with no depression.**

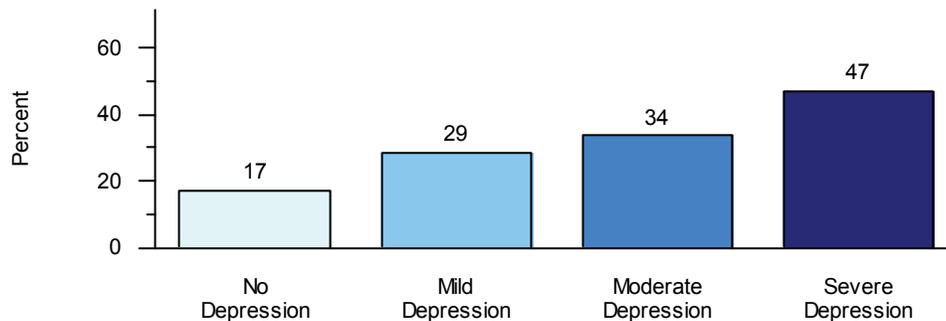
Figure 3. Percent of Idaho adults with no leisure time physical activity by depression status, 2008



Men and women in Idaho with depression engaged in less leisure time physical activity than those without depression. Idaho’s BRFSS survey, however, can not determine whether depression contributes to lack of leisure time physical activity or vice versa.

**Lack of leisure time physical activity increased with greater severity of depression.**

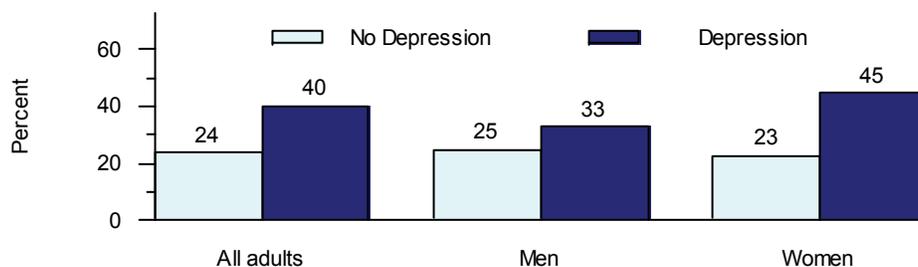
Figure 4. Percent of Idaho adults with no leisure time physical activity by depression level, 2008



The percentage of those with severe depression who did not engage in leisure time physical activity was more than two and one-half times that of those with no depression. The increasing trend was statistically significant.

**Obesity was more prevalent among women with depression but not among men.**

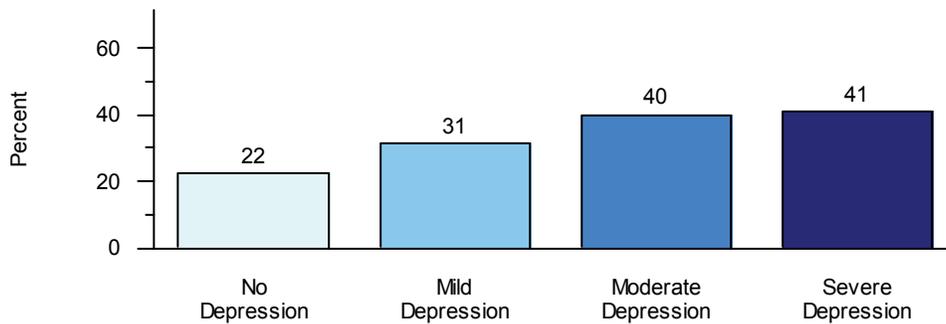
Figure 5. Percent of Idaho adults who were obese by depression status, 2008



Although significantly more adults with depression were obese than those without depression, this difference was influenced by gender. Statistically, the rates of obesity for men with or without depression were similar. Women with depression, however, were nearly twice as likely to be obese as were women without depression.

**Obesity was more prevalent among adults with greater severity of depression.**

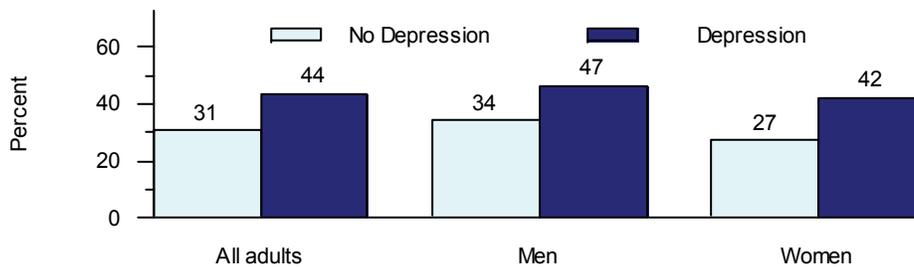
Figure 6. Percent of Idaho adults who are obese by depression level, 2008



The prevalence of obesity increased as depression severity increased; however, the increase in prevalence leveled out for those with moderate to severe depression. Overall, the increasing trend was statistically significant.

**Having no dental visit in the past year was more common among women with depression compared with those with no depression, but not among men.**

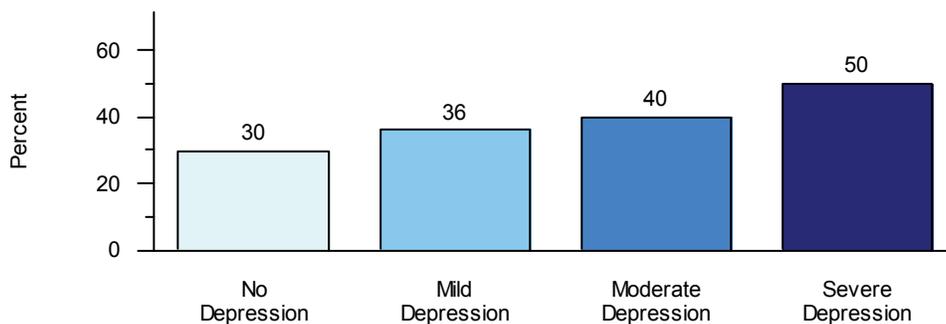
Figure 7. Percent of Idaho adults with no recent dental visit by depression status, 2008



There was a gender difference in whether adults with depression did not visit a dentist in the past 12 months. Women with depression were more likely to not visit a dentist in the past year than were women without depression. Among men, however, the apparent difference in percentages between those with and without depression was not statistically significant.

**Having no dental visit in the past year became more prevalent with greater severity of depression.**

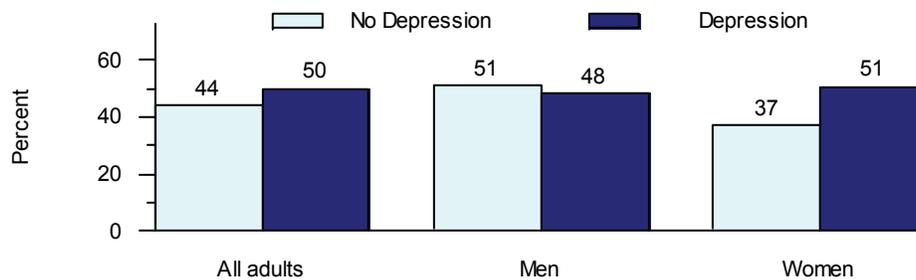
Figure 8. Percent of Idaho adults with no recent dental visit by depression level, 2008



Adults with moderate to severe depression were one-third to two-thirds more likely to not have a dental visit in the past 12 months than were those with no depression. Overall, the increasing trend of not having a recent dental visit as depression severity increased was statistically significant.

### Having no routine medical check-up in the past year was more common among women with depression compared with those with no depression, but not among men.

**Figure 9. Percent of Idaho adults with no recent routine check-up by depression status, 2008**



As with recent dental visits, there was a gender difference in whether adults with depression did not have a routine medical check-up in the past 12 months. Women with depression were significantly more likely to have not had a recent check-up than those without depression. Having a routine check-up was not associated with depression severity.

### Heavy drinking of alcohol, binge drinking, and illicit drug use were not associated with having current depression.

Although heavy drinking is associated with depression elsewhere in the United States (8, 9), heavy drinking was not associated with depression among adults in Idaho in 2008. Similarly, neither binge drinking nor illicit drug use were associated with depression in Idaho.

### Cancer-related screening behaviors were not associated with current depression.

Rates of having had a colonoscopy or sigmoidoscopy (adults age 50+), a Pap test, a clinical breast exam (women 40+), or a prostate-specific antigen (PSA) test (men 40+) were not significantly different between those with or without depression.

#### Definitions

The Idaho Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing randomized public health telephone survey of non-institutionalized adults aged  $\geq 18$  years. Idaho conducts the BRFSS yearly in conjunction with the Centers for Disease Control, 49 other states, the District of Columbia, and the U.S. territories. Current depression was defined as having moderate to severe depression as measured from responses to the Patient Health Questionnaire (PHQ-8), eight standardized questions proved to be a clinically useful assessment of current depression (10). Answers were converted to point scores, summed, and categorized: 0–4 None, 5–9 Mild, 10–14 Moderate, 15–19 Moderately Severe, and 20+ Severe. Because of small sample sizes, Moderately Severe and Severe categories were combined as Severe. Statistical significance refers to there being a less than 5% probability that results are due to chance. Statistically significant differences between estimates were defined as those having non-overlapping 95% confidence intervals. Trends related to depression severity were determined using the Cochran-Mantel-Haenszel test for trend.

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