

The NSDUH Report

November 18, 2005

Depression among Adults

Depression is one of the leading causes of disability in the United States.¹ The 2004 National Survey on Drug Use and Health (NSDUH) includes questions for adults aged 18 or older to

assess lifetime and past year major depressive episode (MDE). For these estimates, MDE is defined using the diagnostic criteria set forth by the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*,² which specifies a period of 2 weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image.³ Adults with MDE were asked about their experiences with treatment for depression during the 12 months prior to the interview. Treatment for depression is defined as seeing or talking to a medical doctor or other health professional or taking prescription medication for depression.

NSDUH also asks respondents to report their use of cigarettes, alcohol, and illicit drugs during the 12 months prior to the interview. *Any illicit drug* refers to marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically.⁴ This report examines sociodemographic and geographic

In Brief

- In 2004, 8.0 percent of adults aged 18 or older (an estimated 17.1 million adults) reported having experienced at least one major depressive episode (MDE) during the past year
- Among adults aged 18 or older who experienced at least one MDE during the past year, 65.1 percent reported having received treatment for depression during the past year
- The rate of past month illicit drug use was nearly twice as high among adults who had experienced a past year MDE (14.2 percent) compared with adults who had not experienced a past year MDE (7.3 percent)

differences in rates of MDE, treatment for MDE, and substance use among adults aged 18 or older. Because mental illness and substance use commonly co-occur,⁵ differences in substance use by MDE status also are examined.

Prevalence of Past Year MDE

In 2004, among adults aged 18 or older, an estimated 14.8 percent (31.6 million adults) had experienced at least one MDE in their lifetime, and an estimated 8.0 percent (17.1 million adults) reported having experienced an MDE in the past year. Rates of past year MDE varied by age group (Figure 1). Adults aged 18 to 25 and those aged 35 to 49 had the highest rates of past year MDE (10.1 and 10.4 percent, respectively), and adults aged 65 or older had the lowest rate (1.3 percent). Females (10.3 percent) were almost twice as likely as males (5.6 percent) to report past year MDE. Rates of past year MDE varied by annual family income, with adults from households with a family income of less than \$20,000 experiencing the highest rate of past year MDE (11.0 percent). Adults from households with a family income of \$50,000 or more had the lowest rate of past year MDE (7.0 percent), while 7.6 percent of adults from households with a family income of \$20,000 to \$49,999 had past year MDE. Rates of MDE were similar in large metropolitan areas (7.8 percent), small metropolitan areas (8.3 percent), and non-metropolitan areas (8.3 percent).⁶

Figure 1. Percentage of Adults Aged 18 or Older Who Reported a Past Year MDE, by Age Group: 2004

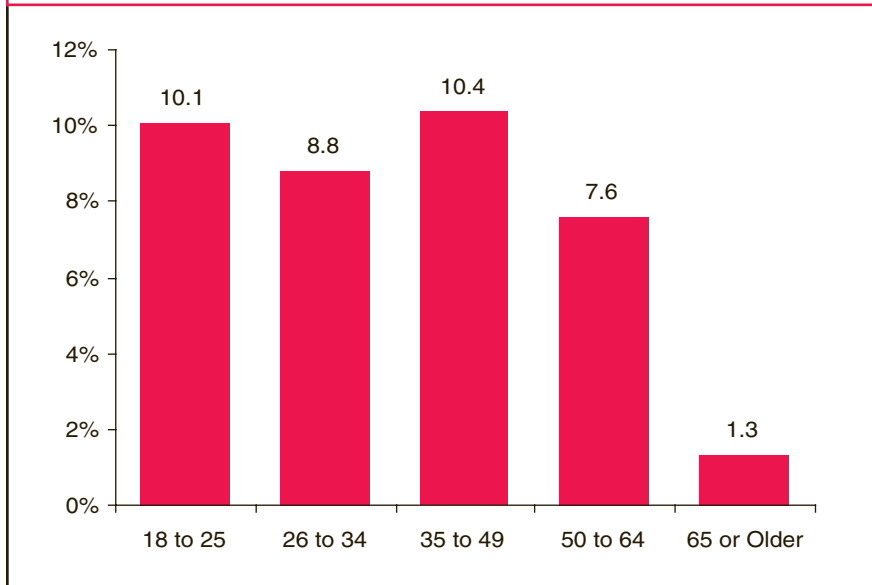
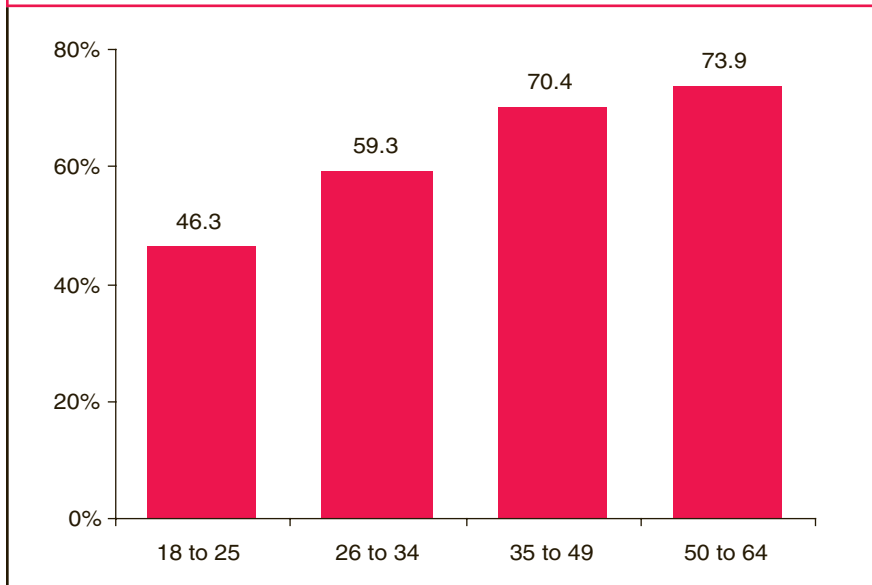


Figure 2. Percentage of Past Year Depression Treatment among Adults Aged 18 or Older Who Experienced a Past Year MDE, by Age Group*: 2004

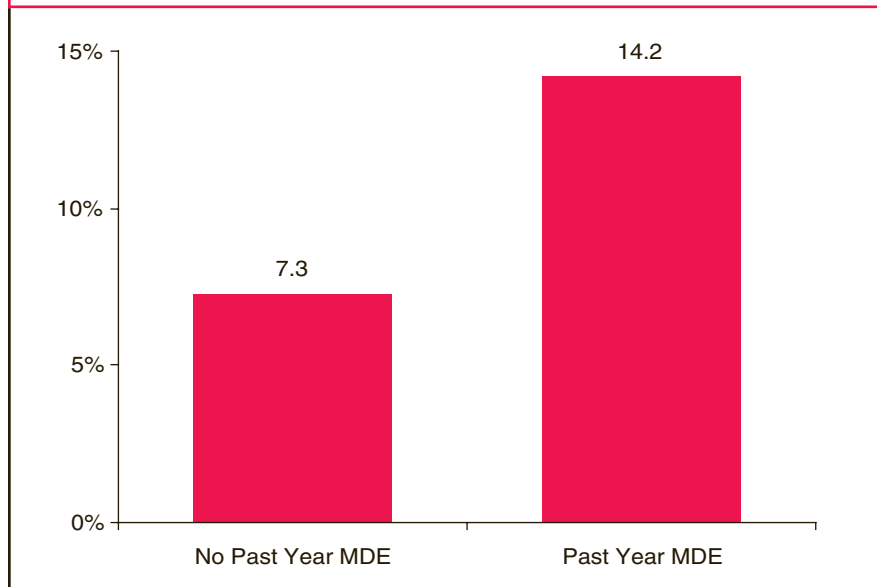


Receipt of Treatment for Depression

Among adults aged 18 or older who reported having experienced at least one MDE during the past year, 65.1 percent received treatment for depression dur-

ing the past year. Females who experienced a past year MDE were more likely than their male counterparts to have received treatment for depression during the past year (70.1 percent vs. 55.2 percent). The percentage receiving treatment for depression

Figure 3. Past Month Illicit Drug Use Among Adults Aged 18 or Older, by Past Year MDE Status: 2004



among persons who experienced a past year MDE increased with age (Figure 2). Rates of treatment for past year MDE were similar in large metropolitan areas (63.4 percent), small metropolitan areas (67.5 percent), and non-metropolitan areas (66.1 percent).

Cigarette, Alcohol, and Illicit Drug Use among Adults with Past Year MDE

Adults aged 18 or older who experienced a past year MDE were more likely to have smoked cigarettes during the past month (39.7 percent) than adults 18 or

older who had not experienced a past year MDE (25.9 percent). The rate of past month alcohol use among adults who had experienced a past year MDE (57.4 percent) did not differ significantly from the rate among adults who had not experienced a past year MDE (54.7 percent). The rate of past month illicit drug use, however, was nearly twice as high among adults who had experienced a past year MDE (14.2 percent) compared with adults who had not experienced a past year MDE (7.3 percent) (Figure 3).

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). Prior to 2002, this survey was called the National Household Survey on Drug Abuse (NHSDA). The 2004 data are based on information obtained from 45,453 persons aged 18 or older, of which 22,825 were asked questions about experiences with depression.

Of those asked questions about depression, 2,216 were classified as having a Major Depressive Episode in the past year and were asked questions about treatment for a mood disorder. The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Office of Applied Studies (OAS), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information and data for this issue are based on the following publication:

Office of Applied Studies. (2005). *Results from the 2004 National Survey on Drug Use and Health: National findings* (DHHS Publication No. SMA 05-4062, NSDUH Series H-28). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: <http://www.oas.samhsa.gov>

Because of improvements and modifications to the 2002 NSDUH, estimates from the 2002, 2003, and 2004 surveys should not be compared with estimates from the 2001 or earlier versions of the survey to examine changes over time.

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Substance Abuse & Mental Health Services Administration
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www.samhsa.gov



End Notes

¹ Murray, C. J. L., & Lopez, A. D. (Eds.). (1996). *The global burden of disease: A comprehensive assessment of mortality and disability from diseases, injuries, and risk factors in 1990 and projected to 2020*. Cambridge, MA: Harvard University Press, Harvard School of Public Health, on behalf of the World Health Organization and the World Bank.

² American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

³ In assessing MDE, no exclusions were made for MDE caused by medical illness, bereavement, or substance use disorders.

⁴ NSDUH measures the nonmedical use of prescription-type pain relievers, sedatives, stimulants, or tranquilizers. Nonmedical use is defined as the use of prescription-type drugs not prescribed for the respondent by a physician or used only for the experience or feeling they caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs.

⁵ Hasin, D.S., & Nunes, E. (1997). Comorbidity of alcohol, drug and psychiatric disorders: Epidemiology. In H.R. Kranzler, & B. Rounsaville, (Eds.) *Dual diagnosis and treatment: Substance abuse and comorbid mental and psychiatric disorders* (pp. 1-31). New York: Merkel Dekker Inc.

⁶ Large metropolitan areas have a population of 1 million or more. Small metropolitan areas have a population of fewer than 1 million. Non-metropolitan areas are outside metropolitan statistical areas (MSAs), as defined by the Office of Management and Budget. See the U.S. Bureau of the Census (2005, June 7). *About metropolitan and micropolitan statistical areas*. Retrieved October 4, 2005, from <http://www.census.gov/population/www/estimates/aboutmetro.html>

Figure Notes

Source: SAMHSA, 2004 NSDUH.

* Estimates for adults aged 65 or older are not shown due to small sample size.