## Analyzing the Relationship Between Depression, Hypertension, and Discrimination

## Brileyann Eldridge, Dr. Tyra Dark

Department of Behavioral Sciences and Social Medicine

## Introduction

Prior research suggests the relationship between the mind and body is interdependent

Hypertension is detailed as abnormally high arterial blood pressure and is diagnosed when either systolic blood pressure is above 140 mmHg or diastolic blood pressure is above 90 mmHg on two different occasions (Abdisa et al. 2022)

Depression is one of the most commonly known mood disorders. Notable symptoms include changes in hormone and neurotransmitter levels, sleep, energy, activity, food intake, thinking patterns, etc. (Abdisa et al. 2022)

The relationships between cardiovascular conditions, specifically hypertension, and mood disorders are well recognized, and previous studies suggest that having one puts individuals at a higher risk of developing the other (Arriola et al. 2012; De Hert et al. 2018)

Certain discriminatory factors, have been known to influence psychological stress and mood disorders (Bellamy et al. 2021)

Hypothesis: Higher levels of discrimination and depression will be associated with an increased likelihood of reported high blood pressure

## Methods

- Data was pulled from the publicly available Survey of American Life, collected from 2001-2003 in the form of an in-home survey conducted between the participant and the administrator
A total of 5,892 participant responses were recorded, answering questions that included experiences of physical health, mental health, and discrimination
- Answers to specific areas of questioning was compiled into three distinct variables: depressive symptomology, professionally diagnosed high blood pressure, and discrimination, with answers for each section being assigned a point system
- We defined depressive symptomology as anyone who answered Yes on either questions SC21, SC22 or SC23 from the administered survey. Yes was given a score of 1 and no was given a score of 0
- Professionally diagnosed hypertension was defined as anyone who answered yes to question C10D. Responses were assigned points, Yes $=1$ and $\mathrm{No}=0$ as to allow statistical analysis
- Discrimination was defined as being equal to the total number of discrimination questions that the participant answered yes to. The scoring system of consisting of a range of $0-3$, with 0 meaning no discrimination, 1 representing low discrimination, 2 meaning moderate discrimination, and 3 representing severe discrimination
- The data was run through a chi-square test and logistic regressions were run to determine relationship significance


## Results

| Table 1 <br> Simple Frequency of Race/A ncestry |  |  |  |
| :---: | :---: | :---: | :---: |
| Race/Ancestry | Frequency | Weighted Frequency | $\begin{gathered} \hline \text { Weighted Percent } \\ (\%) \end{gathered}$ |
| Hispanic | 178 | 230210 | 0.4865 |
| Afro-Caribbean | 1408 | 1436970 | 3.0365 |
| African American | 3436 | 21950534 | 46.3847 |
| White | 870 | 23705079 | 50.0923 |
| Total | 5892 | 47322794 | 100.0000 |

Table 2
Simple Frequency of Professionally Diagnosed High Blood Pressure (Hypertension)

| High Blood <br> Pressure <br> Variable (C10D) | Frequency | Weighted <br> Frequency | Weighted Percent <br> $(\%)$ |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
| Yes | 1812 | 14101946 | 29.7995 |
| No | 4080 | 33220848 | 70.2005 |
| Total | 5892 | 47322794 | 100.0000 |

Table 4
Simple Frequency of Discrimination

| Discrimination | Frequency | Weighted <br> Frequency | Weighted Percent <br> $(\%)$ |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
| None | 2532 | 19594818 | 41.4067 |
| Low | 1413 | 12042640 | 25.4479 |
| Moderate | 868 | 7164101 | 15.1388 |
| Severe | 1079 | 8521235 | 18.0066 |
| Total | 5892 | 47322794 | 100.0000 |

## Results Cont.

- There is no statistically significant relationship between high blood pressure and depressive symptomology

There is a statistically significant association between high blood pressure and race

There is no statistically significant relationship between blood pressure and discrimination

## Discussion

The strongest association came from questions regarding race which is often the most commonly associated term to discrimination and hypertension
This data supports previous evidence suggesting that African Americans suffer from a greater likelihood of developing high blood pressure compared to other racial counterparts

There does not appear to be a correlation between depression and hypertension, which contradicts previous studies showing that hypertension, which contradicts previous studies showing that hypertension diagnosis

The data suggests that discrimination does not provide enough of a physical or mental impact to influence high blood pressure or depressive symptomology

## References

Abdisa L., S. Letta, K. Nigussie. 2022. Depression and anxiety among people with hypertension on follow-up in Eastern Ethiopia: A multi-center cross sectional study. Frontiers in Psychiatry 13. DOI: 10.3389/fpsyt.2022.853551 Alegria M., J. S. Jackson, R. C. Kessler, D. Takeuchi. (2016) Collaborative Epidemiological Surveys (CPES) Inter-university Consortium for Political and Social Research. DOI: $10.3886 /$ ICPSR20240.v8
Arriola K., D. Chae, K. Lincoln, A. Nuru-Jeter. 2011. Racial Discrimination, Mood Disorders, and Cardiovascular Disease Among Black Americans. Annals of Epidemiology 22(2): 104-111. DOI: 10.1016/j.annepidem.2011.10.009 Bellamy S., A. Forde, T. Lewis, K. Kershaw, A. Roux 2021. Perceived Discrimination and Hypertension Risk Among Participants in the Multi-Ethnic Study of Atherosclerosis. Journal of the American Heart Association 2021(10). DOI: 10.1161/JAHA. 120.019541
De Hert M., J. Detraux, D. Vancampfort. 2018. The intriguing relationship between coronary heart disease and mental disorders. Dialogues in Clinical Neuroscience. 20(1) 31-40. DOI: 10.31887/DCNS.2018.20.1/mdehert

