



# Sex differences in depression symptoms and mental health service use in adolescents and young adults with type 1 diabetes

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## BACKGROUND

- Mental health services (MHS) can support self-management and quality of life in type 1 diabetes, particularly as many adolescents and young adults with diabetes also have mental health problems
- Screening patients for mental health problems in diabetes clinic can help identify those who may benefit from MHS
- Study Aim:** Characterize associations between depression symptoms and use of MHS in adolescents and young adults with type 1 diabetes

## METHODS

### Participants

- Individuals with type 1 diabetes  $\geq 12$  years of age with  $\geq 2$  diabetes clinic visits during the 13-month study period

### Data collection

- Automated data extraction from EHR

### Variables

- Depression symptoms from PHQ-9 screen
  - None or mild: score  $\leq 9$
  - Moderate or severe:  $>9$
- Self-reported MHS use from clinic intake question, "Since previous visit, have you seen a mental health professional?"
- Demographics
- Diabetes characteristics

### Analyses

- Descriptive analyses of participant characteristics, depression symptoms, and MHS use
- Binomial logistic regression to summarize and explore relationships between demographics or diabetes characteristics and depression symptoms or MHS use

## In adolescents and young adults with type 1 diabetes:

- Females and those who had used mental health services were more likely to report moderate or severe depression symptoms
- Mental health services were more likely to be used by females

## CONCLUSIONS

- Depression symptoms were associated with MHS use, suggesting screening may help target services to those who need it
- Males and females had different patterns of depression symptoms and MHS use, which suggest these populations have heterogeneous mental health needs
- Future studies will further characterize these sex differences in depression symptoms and MHS use to identify key drivers for MHS use and contribute to targeted screening and referral strategies

## ADDITIONAL KEY INFORMATION

158 adolescents and young adults completed 402 PHQ-9 screens over 13 months

- 1 in 4 reported moderate or severe depression symptoms at least once (n=38, 24.7%)
- 1 in 4 reported using MHS at least once (n=40, 25.3%)

Table. Individual characteristics (n=158)

	% (n)
<b>Demographics</b>	
Female sex	50.6% (80)
Age in years, mean (sd) [range]	16.4 (2.4) [12-22]
Non-Hispanic white	94.9% (150)
Public health insurance	17.7% (28)
Lives outside Dane county	69.0% (109)
Lives in multiple households	19.6% (31)
<b>Diabetes Characteristics</b>	
Duration of T1D in years, mean (sd)	7.1 (4.5)
Mean (sd) HbA1c %	8.7 (1.7)
HbA1c $<7.5\%$	24.1% (38)

## RESULTS

Table. Odds of **moderate or severe depression symptoms (PHQ-9 score  $>9$ )** at least once during study period by individual characteristics

	Odds Ratio	p value
<b>Female</b>	<b>4.74</b>	<b><math>&lt;0.001</math></b>
Age <sup>^</sup>		
Males		0.729
Females		0.067
Non-Hispanic white	0.99	0.993
Public health insurance	1.71	0.201
Lives outside Dane county	0.15	0.725
Lives in multiple households	1.71	0.211
Duration of diabetes in years <sup>^</sup>		0.334
HbA1c $<7.5\%$	0.67	0.406
<b>Use of mental health services</b>	<b>6.70</b>	<b><math>&lt;0.001</math></b>

Depression symptoms and use of MHS was more common in females

Table. Odds of **using MHS** at least once during study period by individual characteristics

	Odds Ratio	p value
<b>Female</b>	<b>2.07</b>	<b>0.033</b>
Age <sup>^</sup>		
Males		<b>0.018</b>
Females		0.150
Non-Hispanic white	1.20	0.801
Public health insurance	1.09	0.830
Lives outside Dane county	0.82	0.543
Lives in multiple households	1.03	0.944
Duration of diabetes in years		0.157
HbA1c $<7.5\%$	0.97	0.931

Age associated with using MHS for males, but not for females

<sup>^</sup> odds evaluated with linear and non-linear components

PHQ-9 score averaged 4.2 points higher in those who used MHS at least once (95% CI: 2.5-5.9)



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