

Assessing the Relationship Between Levels of Depression and Dietary Intake in Hispanic Adolescents

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Background

- Hispanic American (HA) adolescents have the highest prevalence of obesity at 38.9% compared to all other racial/ethnic groups.
- Racial/ethnic minority groups, especially Hispanics, are more likely to experience major depression and factors related to depression as compared to their non-Hispanic white counterparts.
- The elevated rate of depression for racial/ethnic minority groups is largely linked with greater health burdens.
- Depression has been linked to overeating and undereating.
- In our study, we utilize the Beck Depression Inventory II (BDI-II) questionnaire, an assessment to determine the participant's relative level of depression.

Objective/Hypothesis

- The objective of this study is to investigate the association of depression level and experimentally manipulated social status on dietary intake in HA adolescents.
- We hypothesize that adolescents randomized to the low social status condition with BDI-II scores indicating mild mood disturbance to moderate depression will consume more calories, saturated fat, sugar, and sodium compared to those with BDI-II scores indicating normal ups and downs.
- We hypothesize that adolescents randomized to the high social status condition with BDI-II scores indicating mild mood disturbance to moderate depression will consume more calories, saturated fat, sugar, and sodium compared to those with BDI-II scores indicating normal ups and downs.

Methods

- 150 Hispanic American (HA) adolescents ages (15-21) were recruited.
- Each participant completed a telephone screening to ensure they qualified for the study.
- Inclusion Criteria for the Participant
 - Must identify as Hispanic or Latino
 - Must have a BMI between 18.5- 40
 - Can not be vegan or vegetarian or have other significant dietary restrictions
- Upon qualifying, the participant was invited in for a study visit during which time they complete the BDI-II survey.
- The BDI-II is scored according to Figure 1.
- If the participant scored above 30 (indicating severe to extreme depression), they were excluded from the study and not allowed to continue.
- If the participant scored less than 30, they were allowed to continue the study.
- Once the participant has completed the surveys they are randomized to a high or low social status condition in a rigged game of Monopoly.

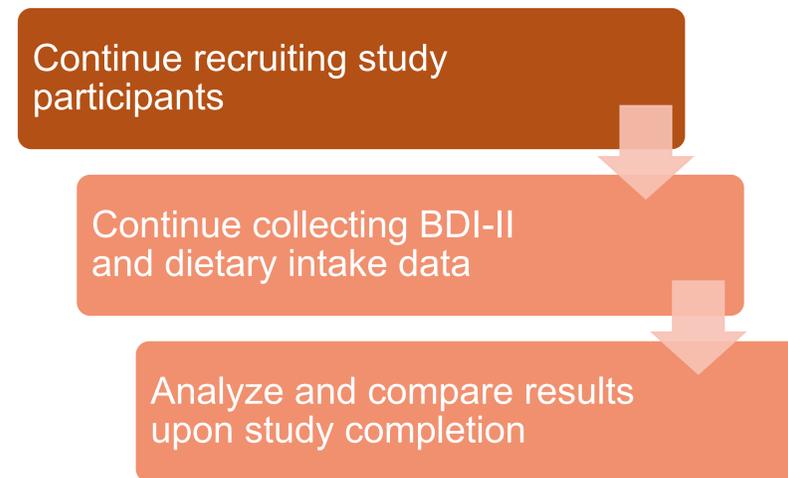
Figure 1: BDI-II Scoring

Classification	Total Score	Level of Depression
Low	1-10	Normal ups and downs
	11-16	Mild mood disturbance
Moderate	17-20	Borderline clinical depression
	21-30	Moderate depression
Significant	31-40	Severe depression
	Over 40	Extreme depression

Future Directions

- The relationship between depression, perceived social status, and dietary intake has yet to be determined.
- The goal is to gain a better understanding the relationships between depression, perceptions of social status, and dietary intake.

Figure 2: Future Directions



Public Health Implications

- Results from this study may further confirm that lower perceptions of social status contribute to rising obesity levels in HA.
- The effect depression has on dietary intake and whether social status affects depression levels will be characterized.
- Cheaper and more nutrient-dense foods must become available for those in low socioeconomic conditions.
- Changing dietary habits and behaviors that contribute to obesity may help to reduce cardiovascular disease and type 2 diabetes in HA.
- More education in schools on identifying the signs of depression and more focus on mental health in adolescents may provide insight into its potential effects on eating habits.