

Maternal Depressive Symptoms and Its Relationship to Outcomes of Adolescents with Type 1 Diabetes in a Diverse Sample of Caucasian and Latino Youth

Elida Isabel Godbey, M.R.C.

The University of Texas Southwestern Medical Center at Dallas, 2012

Supervising Professor: Deborah J. Wiebe, Ph.D., MPH.

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Purpose/Background: Maternal depression can have deleterious effects on adolescents' psychosocial adjustment and management of type 1 diabetes. These associations have been primarily studied among Caucasian middle-income families. Ethnic minority status and economic disadvantage may alter the experience of maternal depressive symptoms and their association with adolescent diabetes management. The purpose of this study was to determine if mothers' depressive symptoms were similarly associated with adolescent diabetes outcomes in Caucasian and Latino/a youth, and whether associations occurred independent of socioeconomic factors.

Methods: Participants were Caucasian and Latina mothers and their adolescents with type 1 diabetes (N=118 dyads; 48% Latino; 54% female adolescents; 10 to 15 years old; illness duration > 1 year; 25% on insulin pump). Mothers completed surveys assessing depressive symptoms, household income and parental education. Adolescents reported treatment adherence and depressive symptoms. Metabolic control was measured by HbA1c from medical records. Sociodemographic information was collected through a combination of maternal report and census tract data. **Results:** Although Latino participants had lower socioeconomic status (SES) than Caucasian participants, there were no ethnic group differences in terms of parental marital status, adolescent age, adolescent gender, illness duration, or insulin pump status. Latina mothers reported significantly more depressive symptoms than Caucasian mothers $t(112) = 2.48, p = .015$, and these differences were independent of lower SES among Latina mothers. Hierarchical regression analyses revealed maternal reports of depressive symptoms were associated with higher adolescent depression $t(108) = 1.98, p = .05$, but this association was moderated by both a two-way interaction with adolescent age, $t(105) = 2.13, p = .036$, and a three-way interaction with age and ethnicity, $t(104) = -2.05, p = .043$. Among older Latino adolescents, maternal depressive symptoms were positively associated with adolescent report of depression; this association was not found among older Caucasian participants or among younger participants. There were no significant associations between maternal depressive symptoms and adolescent adherence. All associations remained independent of SES indicators, which were generally unrelated to adolescent outcomes.

Conclusion: Maternal depressive symptoms may undermine the psychosocial adjustment of adolescents with diabetes, but appears to have complex associations with diabetes management across ethnic groups. The finding that Latino youth did not experience heightened depression despite the risks of their mother's elevated depressive symptoms and lower SES is potentially quite important. If replicable, further research should explore potential protective factors that may be contributing to adolescent diabetes outcomes in Latino families.

Diabetes Mellitus, Type 1—rehabilitation

Mother-Child Relations

Hispanic Americans

