

Vermont Mental Health Performance Indicator Project

Agency of Human Services, Department of Health, Department of Mental Health
108 Cherry Street, Burlington, Vermont 05401

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani, Rod McCormick, and Walter Ochs

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RE: Depression and Obesity among Vermont Adults

This is the second in a series of reports on the relationship between depression and obesity in Vermont. Last week's report focused on the rate at which adults, with and without behavioral health diagnoses, also had a diagnosis of obesity in general hospitals inpatient settings. This analysis was based on Vermont's Uniform Hospital Discharge Dataset for CY2005.

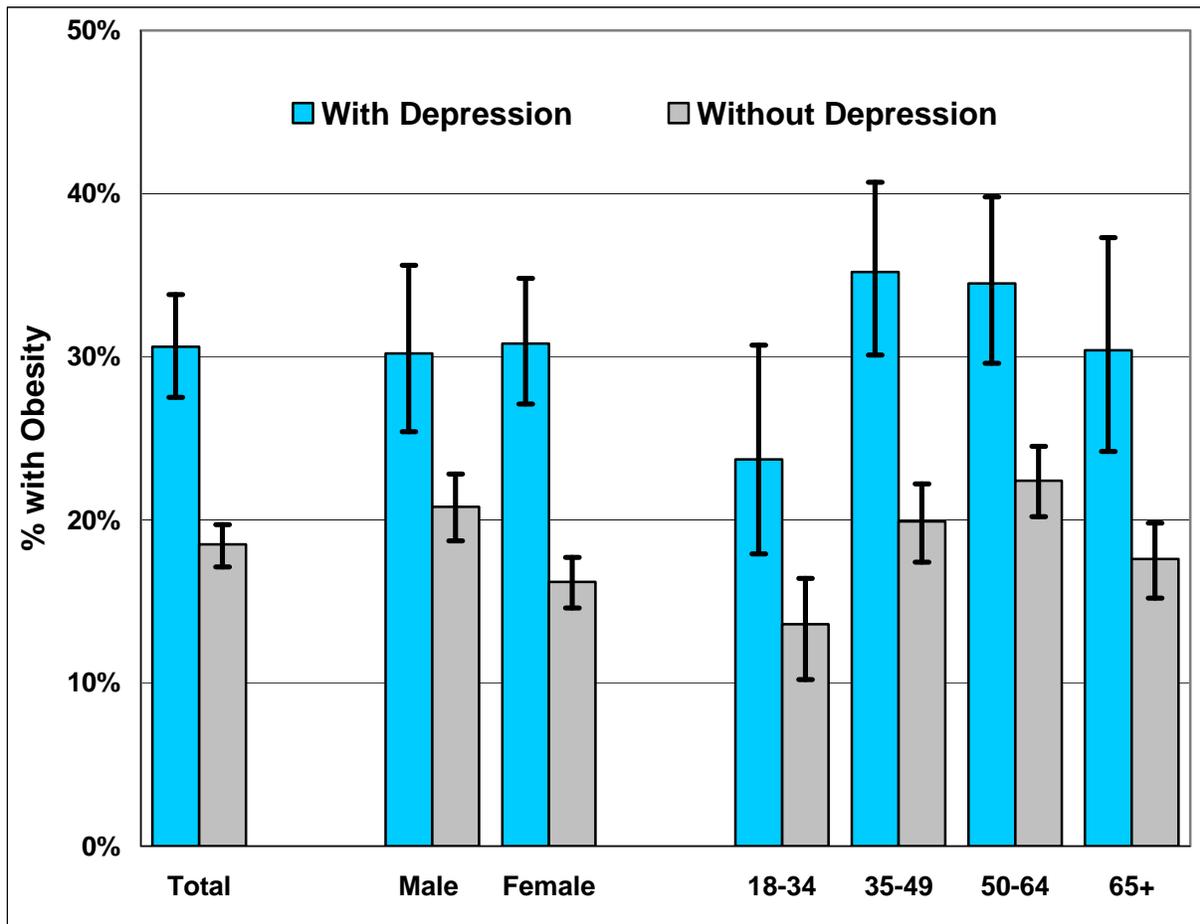
This week's report focuses on the relationship of self-reported depression to obesity in the general population of Vermont. Depression is identified based on the Depression Scale of the Anxiety/Depression module of Vermont's Behavioral Risk Factor Sample Survey (BRFSS) for FY2006. Obesity was identified by a body mass index of 30 or greater based on self reported height and weight.

As you will see, obesity is substantially more likely to be indicated by people in the general population with depression than by Vermont residents with no depression (31% vs. 18%). This was true for every age and gender group. Among people with depression, men and women had similar rates of obesity (30% and 31% respectively) but young adults aged 18-34 had a lower obesity rate than other age groups.

It is interesting to note that the rates of obesity reported in this survey were substantially higher than the rates of obesity diagnosed in general hospitals reported last week. The rate of obesity indicated by survey respondents with depression was 3 times the rate at which obesity was diagnosed among people with a mood disorder diagnosis in a general hospital (31% vs. 10%). For the general population with no depression, the rate of obesity reported in the survey was also 3 times the rate at which obesity was diagnosed among people in general hospitals with no behavioral health diagnosis (18% vs. 6.0%).

We look forward to your thoughts about the elevated risks of obesity associated with depression that are indicated by these two data sources. As always, your suggestions for further analyses of these data will be welcomed at pip@vdh.state.vt.us or by phone at 802-863-7249.

Prevalence of Obesity Among Vermont Adults with and without Depression: FY2006



| | With Depression | | Without Depression | |
|--------|-----------------|----------------|--------------------|----------------|
| | %Obese | 95% CI | %Obese | 95% CI |
| Total | 30.6% | (27.5 - 33.8%) | 18.5% | (17.3 - 19.9%) |
| Male | 30.2% | (25.4 - 35.6%) | 20.8% | (18.8 - 22.9%) |
| Female | 30.8% | (27.1 - 34.8%) | 16.2% | (14.7 - 17.8%) |
| 18-34 | 23.7% | (17.9 - 30.7%) | 13.6% | (10.8 - 17.0%) |
| 35-49 | 35.2% | (30.1 - 40.7%) | 19.9% | (17.6 - 22.4%) |
| 50-64 | 34.5% | (29.6 - 39.8%) | 22.4% | (20.3 - 24.6%) |
| 65+ | 30.4% | (24.2 - 37.3%) | 17.6% | (15.4 - 20.0%) |

Analysis based on data collected by the Vermont Department of Health Behavior Risk Factor Surveillance System (BRFSS) survey during FY2006. The BRFSS is an on-going telephone health survey system conducted by the health department of each state. The BRFSS surveys include residents and excludes institutionalized Vermonters. Obesity was indicated by the respondent's Body Mass Index (BMI) and Depression was indicated by a PHQ-8 score corresponding with mild to severe depression.