



Stress, Disability & Depression

Goal

Overcome the health toll of chronic stress

Stress is a risk to health that is difficult to quantify, but anyone who lives with substantial stress from day to day knows the toll it can take on one's energy, outlook and overall quality of life.

There are many types of daily stress: health problems or disability; excessive demands on the job; difficulty balancing work and family life; lack of money for basic living expenses and for long term aspirations; excessive medical bills; living in unhealthy or unsafe housing; discrimination due to race, ethnicity, cultural identity or sexual orientation.

Constant stress increases a person's risk for diseases that result from psychological and physiological processes that can damage the immune system and cardiovascular health.¹

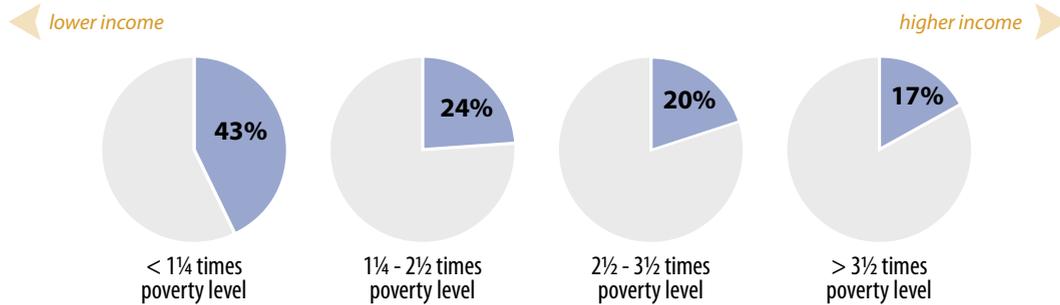
Stress of disability/disability of stress

In 2008, 21 percent of Vermont adults, about 105,000 people, reported that their day-to-day activities are limited due to physical, mental or emotional problems.

And 6 percent, or about 31,000 people, reported a health problem that requires them to use special equipment.

Disability & Income

% of Vermonters age 18+ who are disabled, by Federal Poverty Level • 2008



Rates of disability increase among adult Vermonters who have low incomes or less education:

> 43% who have an income that is less than 125% of the poverty level are disabled, as compared to 17% who have an income that is 350% or more of the poverty level.

> 42% who did not graduate from high school are disabled, compared to 19% who have a four year college degree or more.

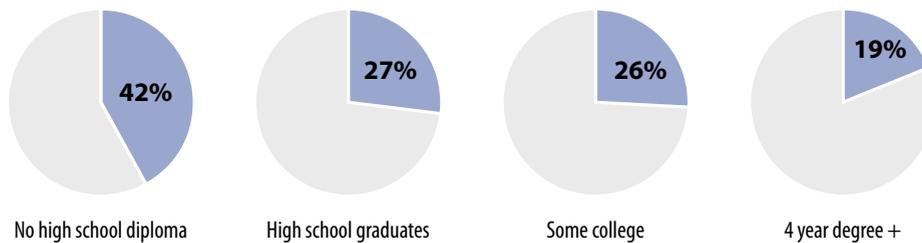
Adult Vermonters who have a disability are also more likely to have behaviors that compromise health, and to suffer worse health outcomes:

> 22% of those who are disabled smoke, compared to 17% of the total population.

> 56% of those who are disabled do not get regular physical activity, compared to 42% of the total population.

Disability & Education

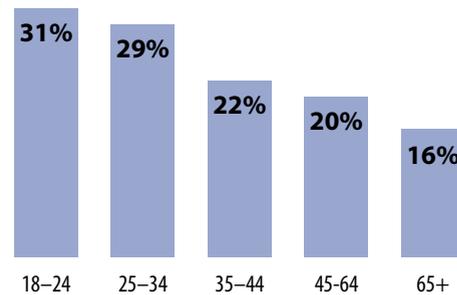
% of Vermonters age 25+ adults who are disabled, by education level • 2008





Depression, by Age

% Vermonters age 18+ who report being depressed • 2008



> 60% of those who are disabled have one or more chronic health conditions (asthma, lung disease, cancer, diabetes, obesity or heart disease), compared to 40% of the total population.

> 34% of those who are disabled report fair or poor health, as compared to 11% of the total population.

Stress and depression

While some people are, by nature, more vulnerable to stress, persistent and long-term chronic stress can put anyone at risk for extreme anxiety, emotional difficulties and depression.²

Depression begins to affect Vermonters at an early age and continues through adulthood.

Among eighth through 12th graders:

> 20% report feeling so sad or hopeless almost every day in the past two weeks that they stopped their usual activities.

> 27% of girls report being depressed, compared to 14% of boys.

Among adults:

> 22% report depression or anxiety.

> 31% of 18- to 24-year-olds report being depressed, compared to 16% of adults age 65 and older.

> 24% of adult women report depression, compared to 20% of adult men.

A person's marital status also correlates with depression:

- > Highest rates of depression are among people who have been divorced (33%), and people who are separated from their spouse (47%).
- > Lowest rates of depression are among people who are married (17%), followed by people who are widowed (24%).

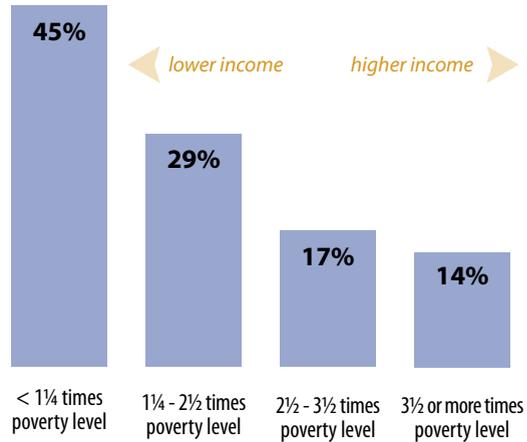
The socioeconomics of depression

Depression correlates closely with income, education, and employment:

- > People with lower incomes or with less education report depression more often than those with a higher socioeconomic status.
- > Unemployment among Vermonters who report depression is almost double that of people who report not being depressed (6% compared to 3.5%).

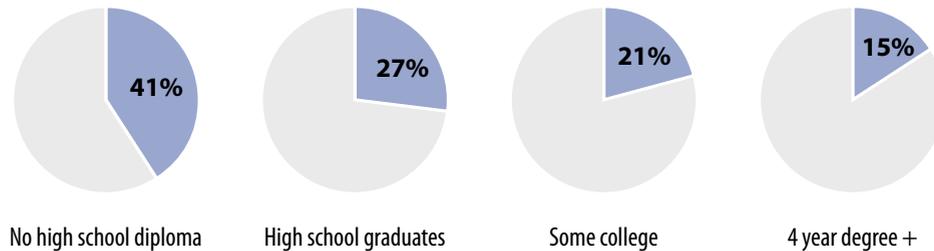
Prevalence of Depression, by Income

% Vermonters age 18+ who report being depressed • 2008



Depression & Education

% of Vermonters age 25+ who report they are depressed, by education level • 2008





People of a relatively low socioeconomic status may be especially vulnerable to stress as they may have fewer resources and less effective coping strategies, or because their stressors are more serious.

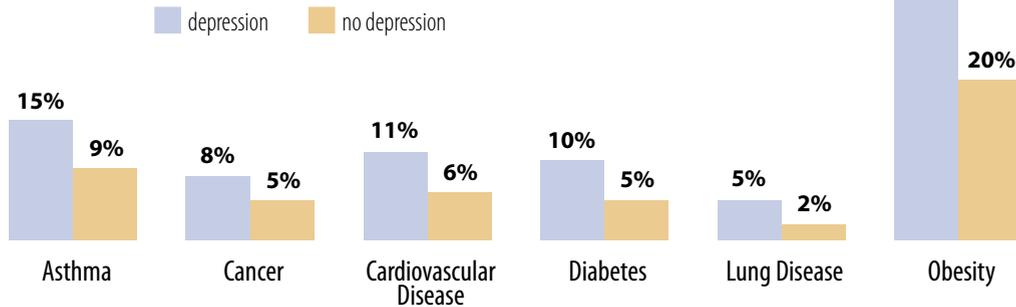
Health effects of depression

People with high rates of depression also often have higher rates of other health problems. Among adult Vermonters:

- > 27% who are depressed report having fair or poor health, compared to 5% of those without depression.
- > 54% who are depressed have a chronic disease (asthma, lung disease, cancer, diabetes, obesity, or heart disease), compared to 35% of the those without depression.
- > Smoking prevalence among adults who also report depression is 31%, compared to 17% statewide.

Depression & Chronic Disease

% Vermonters age 18+ who have a chronic disease • 2008
among those who have –



Depression, heart disease and stroke

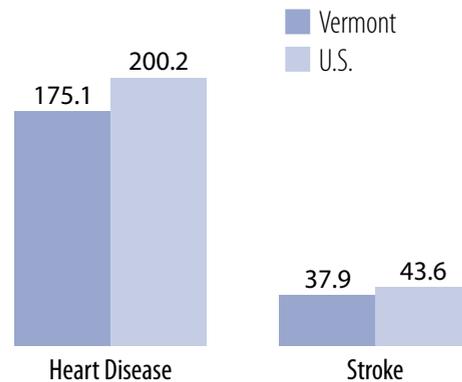
More and more evidence suggests there is a relationship between heart disease and environmental/psychosocial factors, but more research is needed. It is not yet known whether stress acts as an “independent” risk factor for cardiovascular disease, or if it affects other risk factors and other behaviors, such as high blood pressure and cholesterol, smoking, physical inactivity and overeating.³

> In Vermont in 2006, there were 265 deaths from stroke and 1,245 deaths from heart disease as an underlying cause.

> More males die from both heart disease and stroke in Vermont. However, rates of heart disease and stroke are lower in Vermont compared to the U.S.

Cardiovascular Disease

of people who have heart disease or stroke, per 100,000 people • 2006



> In 2007, 25% of adults have ever been told they had high blood pressure (27% among men and 23% among women).





Depression and suicide

Untreated depression is the number one cause of suicide.⁴ On average in Vermont every year, there are 85 suicide deaths, or about 13.6 deaths per 100,000 people.

> In 2006, there were approximately 33,000 suicide deaths in the U.S., or about 10.9 suicide deaths per 100,000 people.

> Males in Vermont have consistently higher rates of suicide deaths than females. Highest rates are among men age 75 years and older.

> Among women, the highest suicide rates occur between the ages of 35 and 54.

• Depression and suicide plans

Many more suicides are contemplated or attempted, but not completed.

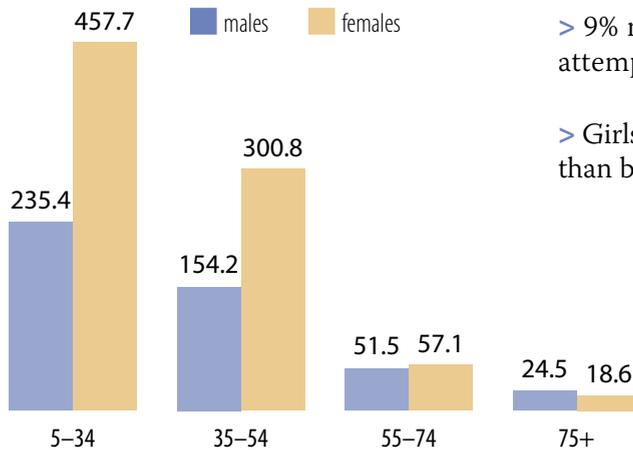
Among eighth through 12 graders in 2009:

> 9% made a plan about how they would attempt suicide.

> Girls were more likely to plan a suicide than boys.

Suicide Attempts, by Age

of hospitalizations or emergency room visits in Vermont due to a suicide attempt, per 100,000 people • 2003-2007



Among adults in 2006:

> 3% reported that they had seriously considered attempting suicide. This represents about 12,000 people.

> There were no differences by gender, but younger adults were more likely to have considered suicide in the past year, compared to older adults.

• *Depression and suicide attempts*

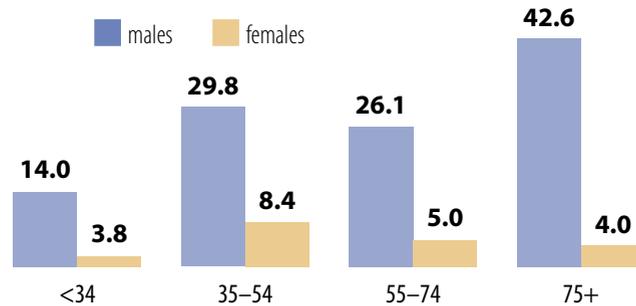
Among eighth through 12th graders in 2009:

> 5% actually attempted suicide, and 2% made a suicide attempt that required medical attention.

> Girls are more likely to attempt suicide, but there are no significant differences by gender in attempted suicides that required medical attention.

Suicide Deaths, by Age

Average # of deaths in Vermont each year, per 100,000 people • 2003-2007



Among adults in 2006:

> While adult males successfully carry out more suicides, females make more attempts that lead to hospitalization or emergency room visits, but not death.

> The majority of attempts were made by women younger than 55 years old. ▼

References

¹*American Institute of Stress.*

www.stress.org

²*HM von Praag. Can Stress Cause Depression?*

World J Biol Psychiatry.

2005;6 Suppl 2:5-22.

³*American Heart Association.*

www.americanheart.org

⁴www.suicide.org