General Health and Health Behaviors

Previous analysis of BRFSS data has shown an association between major depression and smoking, body size (as measured by BMI), physical inactivity, and binge and heavy drinking. In a recent study to determine what factors among depressed patients led to worse outcomes, it was shown that the worse outcomes were associated with poor health-related behaviors like physical inactivity.

Major Depression by Fair or Poor Health Status, Utah, 2005–2007

Health Status

Of those persons who stated that their health status was fair or poor, 17.7% had major depression. Of those persons who stated that their status was excellent, very good, or good, 2.4% had major depression. These rates were statistically significantly different.

Smoking

Of those persons who were current smokers, 11.1% had major depression. Of those persons who reported never smoking or formerly smoking, 3.3% had major depression. These rates were statistically significantly different.
Major Depression by Drinking Status, Utah, 2005–2007

Binge Drinking

Of those persons who reported binge drinking* in the past 30 days, 5.9% had major depression. Of those persons who did not report binge drinking, 3.8% had major depression. These rates were statistically significantly different.

* Binge drinking is defined as consuming five or more drinks of alcohol on an occasion one or more times during the past 30 days. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.

Screenings

Sigmoidoscopy/colonoscopy

There was no difference in the rate of major depression by colonoscopy test status (within the last five years or more than five years/never).

Major Depression by Mammogram in the Past Two Years, Women Ages 40+, Utah, 2006–2007

Mammography

There was no difference in the rate of major depression among women aged 40 and over who had a mammogram within the last two years.
Current Major Depression in Utah

Major Depression by Cholesterol Test in the Past Five Years, Utah, 2005 and 2007

Cholesterol Test
Of those persons who had a cholesterol test within the past five years, 3.1% had major depression. Of those persons whose last cholesterol test was more than five years ago or never, 6.2% had major depression. These rates were statistically significantly different.

Physical Activity
There was an inverse relationship between the amount of physical activity and major depression. Individuals who engaged in physical activity that meet the recommendations* had the lowest rate of major depression (2.9%). Those who engaged in some physical activity but not enough to meet the recommendations had a higher major depression rate (4.1%), but this rate was not statistically different from the rate for those who met the recommendations for physical activity. Persons who engaged in no physical activity had a statistically higher rate of major depression (10.0%).

* Recommended activity includes 30 minutes of moderate physical activity 5 or more days per week or 20 minutes of vigorous physical activity 3 or more days per week.
Nutrition

Of the four categories for fruit or vegetable consumption, those persons who consumed no fruits or vegetables daily had the highest rate of major depression (10.2%) among all groups. Among persons who consumed 1–2 daily servings of fruit and vegetables, 4.7% had major depression. Those who consumed 3–4 daily servings (2.6%) or 5 or more daily servings (3.6%) had the lowest rates of major depression. The rate for the 5 or more daily servings was not statistically different from the 3–4 daily servings or 1–2 daily servings categories.

Obesity

Obese persons (5.8%) had statistically higher rates of major depression than those of normal weight (3.8%).*

* Normal weight is defined as a Body Mass Index (BMI) of less than 25; overweight is defined as a BMI of 25 to <30; obese is defined as a BMI of 30 or more. BMI is calculated by dividing weight in kilograms by the square of height in meters.