

Characteristics of Adults Age 18 and Older Who Took Prescription Medication for Depression: United States, 2023

Nazik Elgaddal, M.S., Julie D. Weeks, Ph.D., and Laryssa Mykyta, Ph.D.

Key findings

Data from the National Health Interview Survey

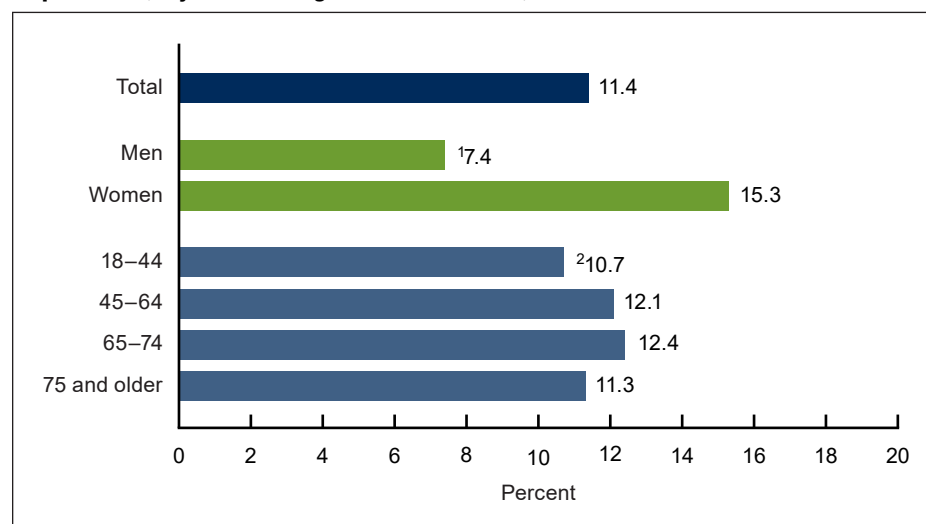
- In 2023, the percentage of adults age 18 and older who took prescription medication for depression was 11.4%. Women (15.3%) were more than twice as likely to take medication for depression than men (7.4%).
- White non-Hispanic adults and adults who are multiple races were more likely to take medication for depression compared with all other race and Hispanic-origin groups.
- Adults with disabilities (28.2%) were nearly three times as likely to take medication for depression than adults without disabilities (9.7%).
- Taking medication for depression decreased with increasing family income.
- The percentage of adults taking medication for depression was higher in the Midwest compared with other regions and increased with decreasing urbanization level.

Depression is among the most common mental disorders in the United States (1). Treatment for depression typically includes antidepressant medications, psychotherapy, or a combination of both (2). This report uses the most recent National Health Interview Survey (NHIS) data on the use of prescription medication for depression and explores differences in the use of medication for depression by age, sex, race and Hispanic origin, disability status, living arrangement, family income, education level, region, and urbanization level among U.S. adults in 2023.

What percentage of adults took medication for depression and were there differences by sex and age?

- In 2023, the percentage of adults who took prescription medication for depression was 11.4%. Women (15.3%) were more likely than men (7.4%) to take medication for depression (Figure 1, Table 1).

Figure 1. Percentage of adults age 18 and older who took medication for depression, by sex and age: United States, 2023



¹Significantly different from women ($p < 0.05$).

²Significant quadratic trend by age ($p < 0.05$).

NOTES: Data are based on a yes response to the survey question, "Do you take prescription medication for depression?" Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

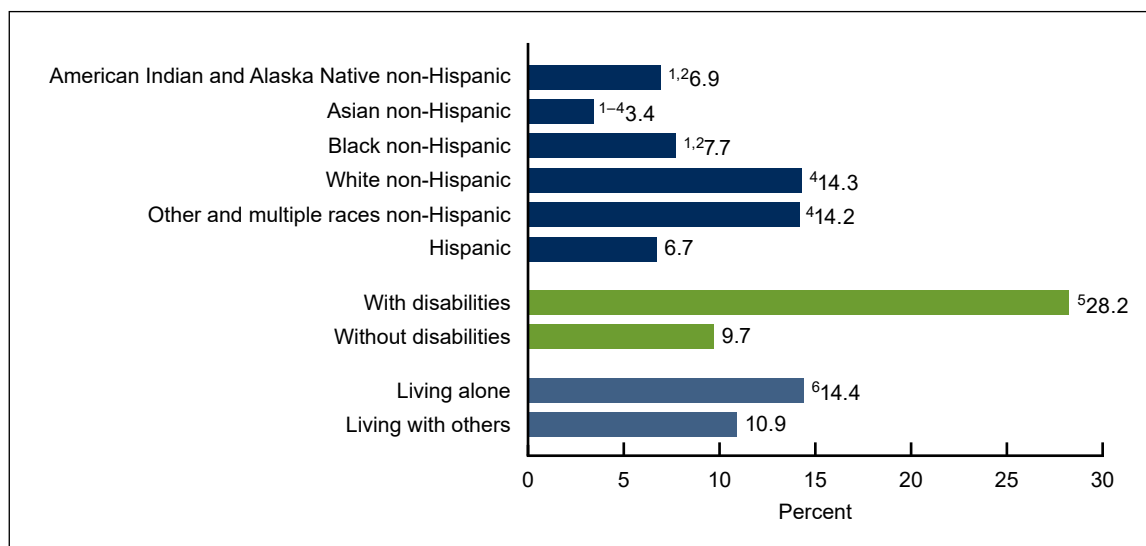
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2023.

- Adults ages 18–44 were less likely to take medication for depression (10.7%) than those ages 45–64 (12.1%) or 65–74 (12.4%), but no significant difference was seen between those age 75 and older (11.3%) and any other age group.

Did the percentage of adults taking medication for depression vary by race and Hispanic origin, disability status, and living arrangement?

- White non-Hispanic (subsequently, White) adults and adults who are other and multiple races non-Hispanic (subsequently, other and multiple races) were more likely to take prescription medication for depression (14.3% and 14.2%, respectively) than Black non-Hispanic (subsequently, Black) (7.7%), American Indian and Alaska Native non-Hispanic (subsequently, American Indian and Alaska Native) (6.9%), Hispanic (6.7%), and Asian non-Hispanic (subsequently, Asian) (3.4%) adults (Figure 2, Table 2). With the exception of American Indian and Alaska Native adults, Asian adults were less likely than all other race and Hispanic-origin groups to take medication for depression.
- Adults with disabilities were nearly three times as likely to take medication for depression (28.2%) as those without disabilities (9.7%).
- Adults living alone were more likely to take medication for depression (14.4%) compared with adults living with others (10.9%).

Figure 2. Percentage of adults age 18 and older who took medication for depression, by race and Hispanic origin, disability status, and living arrangement: United States, 2023



¹Significantly different from White non-Hispanic adults ($p < 0.05$).

²Significantly different from other and multiple races non-Hispanic adults ($p < 0.05$).

³Significantly different from Black non-Hispanic adults ($p < 0.05$).

⁴Significantly different from Hispanic or Latino adults ($p < 0.05$).

⁵Significantly different from adults without disabilities ($p < 0.05$).

⁶Significantly different from adults living with others ($p < 0.05$).

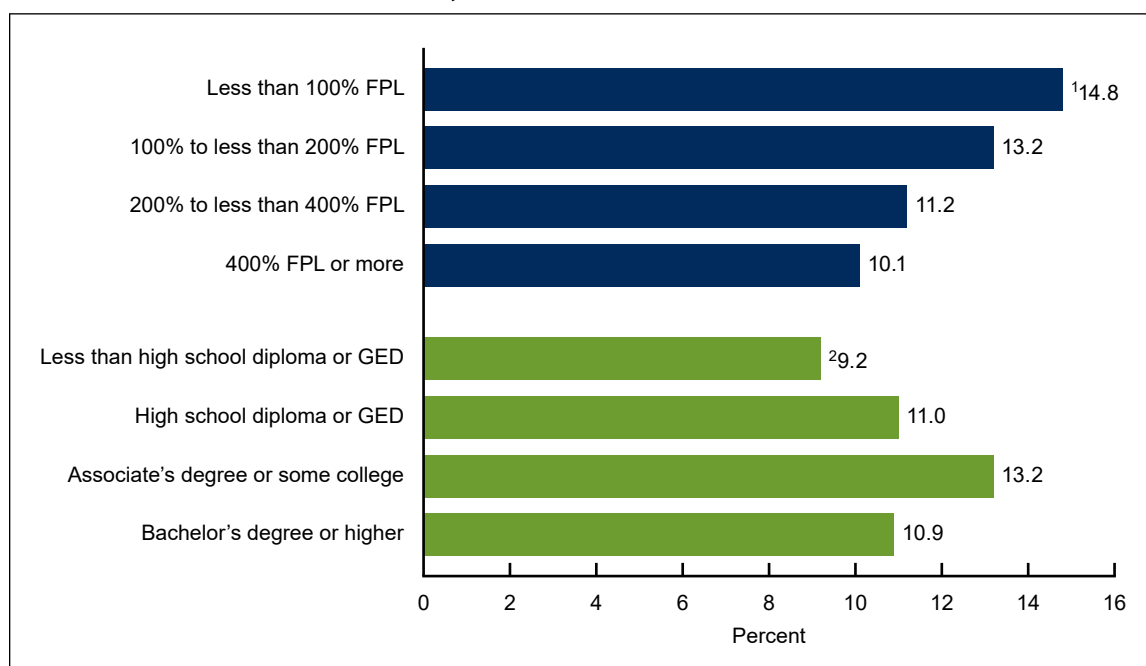
NOTES: Categories shown for non-Hispanic adults are for those who selected only one racial group. Adults categorized as Hispanic may be of any race or combination of races. Other and multiple races non-Hispanic includes those who did not identify as American Indian and Alaska Native, Asian, Black, White, or Hispanic, and those who identified as more than one race. Data are based on a yes response to the survey question, "Do you take prescription medication for depression?" Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2023.

Were there differences in the percentage of adults who took medication for depression by family income?

- The percentage of adults who took prescription medication for depression decreased with increasing income as a percentage of the federal poverty level (FPL), ranging from 14.8% among those with incomes less than 100% FPL to 10.1% among those with incomes at or more than 400% FPL (Figure 3, Table 3).
- The percentage of adults who took medication for depression increased from 9.2% among those with less than high school to 13.2% among those with an associate's degree or some college, and then declined to 10.9% among those with a bachelor's degree or higher.

Figure 3. Percentage of adults age 18 and older who took medication for depression, by family income and education: United States, 2023



¹Significant linear trend by family income ($p < 0.05$).

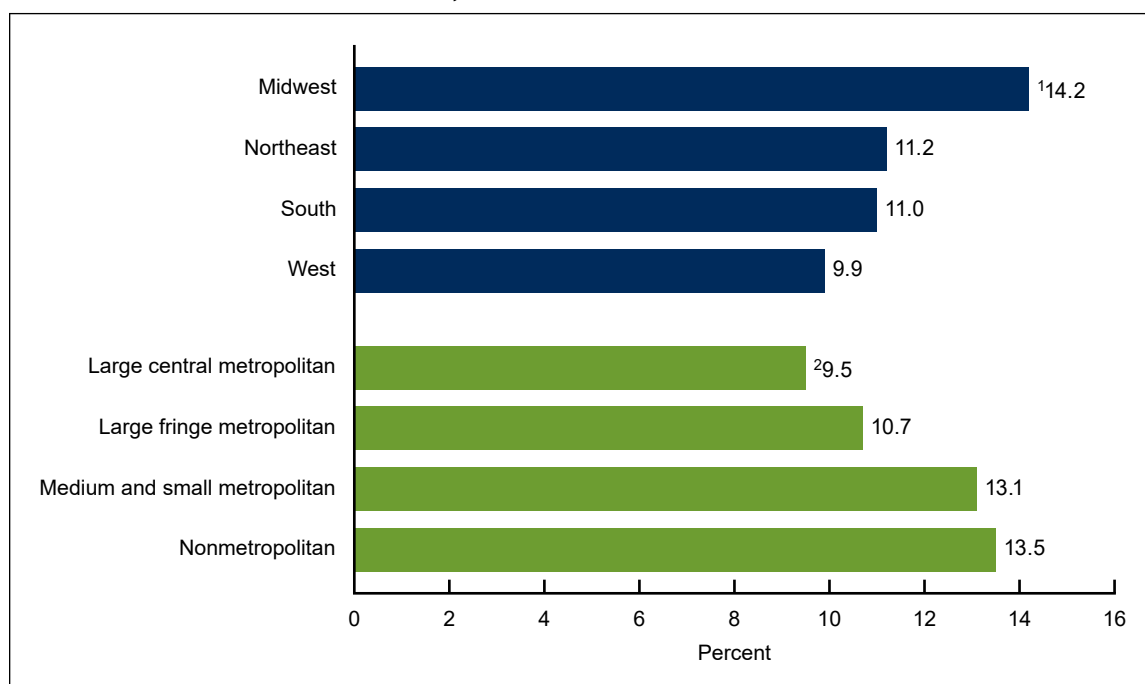
²Significant quadratic trend by education ($p < 0.05$).

NOTES: Family income is expressed as a percentage of the federal poverty level (FPL), which was calculated from the family's income in the previous calendar year and family size using the U.S. Census Bureau's poverty thresholds. Data are based on a yes response to the survey question, "Do you take prescription medication for depression?" Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2023.

Did the percentage of adults who took medication for depression vary by region or urbanization level?

- Adults living in the Midwest were more likely to take prescription medication for depression (14.2%) than those living in the Northeast (11.2%), South (11.0%), or West (9.9%). All other observed differences by region were not significant (Figure 4, Table 4).
- The percentage of adults who took medication for depression was higher among those living in nonmetropolitan areas (13.5%) and medium and small metropolitan areas (13.1%) compared with those living in large fringe metropolitan areas (10.7%) and large central metropolitan areas (9.5%).

Figure 4. Percentage of adults age 18 and older who took medication for depression, by region and urbanization level: United States, 2023

¹Significantly different from Northeast, South, and West ($p < 0.05$).

²Significant linear trend ($p < 0.05$).

NOTES: Data are based on a yes response to the survey question, "Do you take prescription medication for depression?" Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2023.

Summary

Using nationally representative data, this report describes the overall percentages of adults age 18 and older who took prescription medication for depression and measures disparities among adults by selected sociodemographic characteristics. In 2023, 11.4% of adults took medication for depression, with women being more than twice as likely as men to take medication for depression. White adults and adults who are other and multiple races were more likely than adults of all other racial and ethnic groups to take medication for depression. Adults with disabilities were nearly three times as likely to take medication for depression as those without disabilities. Adults living alone were more likely to take medication for depression than those living with others. The percentage of adults taking medication for depression decreased with increasing family income. The percentage of adults who took medication for depression was highest among those living in the Midwest and increased with decreasing urbanization.

Definitions

Disability status: Categorized by the level of difficulty reported in the Washington Group Short Set on Functioning (3). The six domains of functioning include: seeing (even if wearing glasses), hearing (even if wearing hearing aids), mobility (walking or climbing stairs), communication (understanding or being understood by others), cognition (remembering or concentrating), and self-care (such as washing all over or dressing). Adults who respond "a lot of difficulty" or "cannot do at all or unable to do" to at least one domain are considered to have disabilities.

Family income: Based on FPL, which was calculated from the family's income in the previous calendar year and family size using the U.S. Census Bureau's poverty thresholds (4). Family income was imputed when missing (5).

Living alone: Living arrangements were defined by the number of adults and the number of children younger than age 18 living in the household. An adult was defined as living alone if one adult and no children younger than age 18 lived in the household. All other responses were categorized as living with others. Two categories were recoded: living alone and living with others.

Race and Hispanic origin: Categories shown for non-Hispanic adults are for those who selected only one racial group. Adults categorized as Hispanic may be of any race or combination of races. The category other and multiple races non-Hispanic includes those who did not identify as American Indian and Alaska Native, Asian, Black, White, or Hispanic, and those who identified as more than one race.

Region: Corresponds to the U.S. Census Bureau regions, defined as:

- Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont
- Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin
- South: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia
- West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, New Mexico, Nevada, Oregon, Utah, Washington, and Wyoming.

Urbanization level: Metropolitan status and size were determined using the 2013 National Center for Health Statistics Urban–Rural Classification Scheme for counties (6). Large metropolitan areas are metropolitan statistical areas of 1 million or more people and are categorized into central and fringe counties. Medium and small metropolitan areas are counties in metropolitan statistical areas of 250,000–999,999 people and less than 250,000 people, respectively. Nonmetropolitan areas are counties in micropolitan statistical areas and noncore counties.

Data source and methods

Data from the 2023 NHIS were used for this analysis. NHIS is a nationally representative household survey of the U.S. civilian noninstitutionalized population. It is conducted continuously throughout the year by the National Center for Health Statistics (NCHS). Interviews are typically initiated face-to-face in respondents' homes with follow-ups conducted over the telephone as needed (7). For more information about NHIS, visit <https://www.cdc.gov/nchs/nhis.htm>.

Point estimates and corresponding variances for this analysis were calculated using SAS-callable SUDAAN software (8) to account for the complex sample design of NHIS. All estimates are based on self-report and meet NCHS data presentation standards for proportions (9). Differences between percentages were evaluated using two-sided significance tests at the 0.05 level. Linear and quadratic trends by age group and family income were evaluated using orthogonal polynomials in logistic regression.

About the authors

Nazik Elgaddal, Julie D. Weeks, and Laryssa Mykyta are with the National Center for Health Statistics, Division of Analysis and Epidemiology.

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Figure Tables

Data table for Figure 1. Percentage of adults age 18 and older who took medication for depression, by sex and age: United States, 2023

Selected characteristic	Percent (95% confidence interval)	Standard error
Total	11.4 (11.0–11.9)	0.2
Sex		
Men	7.4 (6.9–7.9)	0.3
Women	15.3 (14.7–16.1)	0.4
Age group (years)		
18–44.	10.7 (10.0–11.4)	0.4
45–64.	12.1 (11.4–12.9)	0.4
65–74.	12.4 (11.4–13.5)	0.5
75 and older.	11.3 (10.2–12.6)	0.6

NOTES: Data are based on a yes response to the survey question, "Do you take prescription medication for depression?" Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2023.

Data table for Figure 2. Percentage of adults age 18 and older who took medication for depression, by race and Hispanic origin, disability status, and living arrangement: United States, 2023

Selected characteristic	Percent (95% confidence interval)	Standard error
Race and Hispanic origin		
American Indian and Alaska Native, non-Hispanic	6.9 (3.7–11.4)	1.8
Asian, non-Hispanic.	3.4 (2.5–4.5)	0.5
Black, non-Hispanic.	7.7 (6.6–8.9)	0.6
White, non-Hispanic	14.3 (13.6–14.9)	0.3
Other and multiple races, non-Hispanic	14.2 (10.4–18.8)	2.0
Hispanic.	6.7 (5.8–7.6)	0.4
Disability status		
With disabilities	28.2 (26.3–30.2)	1.0
Without disabilities.	9.7 (9.3–10.2)	0.2
Living arrangement		
Living alone	14.4 (13.7–15.2)	0.4
Living with others.	10.9 (10.4–11.4)	0.3

NOTES: Categories shown for non-Hispanic adults are for those who selected only one racial group. Adults categorized as Hispanic may be of any race or combination of races. Other and multiple races non-Hispanic includes those who did not identify as American Indian and Alaska Native, Asian, Black, White, or Hispanic, and those who identified as more than one race. Data are based on a yes response to the survey question, "Do you take prescription medication for depression?" Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2023.

Data table for Figure 3. Percentage of adults age 18 and older who took medication for depression, by family income and education: United States, 2023

Selected characteristic	Percent (95% confidence interval)	Standard error
Family income		
Less than 100% FPL	14.8 (13.3–16.3)	0.8
100% to less than 200% FPL	13.2 (12.0–14.4)	0.6
200% to less than 400% FPL	11.2 (10.4–12.0)	0.4
400% FPL or more	10.1 (9.4–10.8)	0.3
Education		
Less than high school diploma or GED	9.2 (7.9–10.6)	0.7
High school diploma or GED	11.0 (10.2–11.9)	0.4
Associate's degree or some college	13.2 (12.3–14.1)	0.5
Bachelor's degree or higher	10.9 (10.2–11.6)	0.3

NOTES: Family income is expressed as a percentage of the federal poverty level (FPL), which was calculated from the family's income in the previous calendar year and family size using the U.S. Census Bureau's poverty thresholds. Data are based on a yes response to the survey question, "Do you take prescription medication for depression?" Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2023.

Data table for Figure 4. Percentage of adults age 18 and older who took medication for depression, by region and urbanization level: United States, 2023

Selected characteristic	Percent (95% confidence interval)	Standard error
Region		
Midwest	14.2 (13.3–15.2)	0.5
Northeast	11.2 (10.1–12.4)	0.6
South	11.0 (10.2–11.8)	0.4
West	9.9 (9.1–10.8)	0.4
Urbanization level		
Large central metropolitan	9.5 (8.8–10.2)	0.4
Large fringe metropolitan	10.7 (9.8–11.6)	0.5
Medium and small metropolitan	13.1 (12.2–14.0)	0.5
Nonmetropolitan	13.5 (12.3–14.9)	0.7

NOTES: Data are based on a yes response to the survey question, "Do you take prescription medication for depression?" Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics, National Health Interview Survey, 2023.

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