**OBJECTIVE**
To investigate the inclusion of racial diversity in clinical trials for antidepressants prescribed as anxiety disorder and depression treatments.

**BACKGROUND**
Over last few decades:
- Pediatric anxiety and depression have increased
- Highest rate of mental health illness amongst minority populations (24.9% multiracial, 22.7% Native Americans, 19.0% White)
- Laws have been passed to stimulate pediatric participation in CTs
- FDA guidances published to require CTs to report demographics

**METHODOLOGY**
Begin on ClinicalTrials.gov using chosen parameters:
- Parameter 1: Anxiety, 54 studies 29 excluded
- Parameter 2: Depression OR Depressive, 63 studies 33 excluded
- Parameter 3: Anxiety AND Depression, 3 studies, 3 excluded

Filter out for Relevance, Age, Results Availability, Location

Compile and analyze Demographic data
- n= 55 total CTs (2001-2017)

Evaluate Section 801 Adherence and Compare Racial Diversity to National Institute of Mental Health and American Psychology Association data

**RESULTS**

**Parameter 1: Anxiety CTs Racial Representation**
- American Indian or Alaska Native: 1.5%
- Asian: 2.0%
- Native Hawaiian or Other Pacific Islander: 0.2%
- Black or African American: 8.8%
- White: 81%
- More than One Race: 5.6%
- Unknown or Not Reported/Other: 0.9%

**Parameter 2: Depression CTs Racial Representation**
- American Indian or Alaska Native: 1.0%
- Asian: 1.7%
- Native Hawaiian or Other Pacific Islander: 0.2%
- Black or African American: 21.9%
- White: 62.5%
- More than One Race: 2.5%
- Unknown or Not Reported/Other: 2.5%

**Participant Representation of Race from all Clinical Trials**
- Total Not Represented: 1962 (58.3%)
- Total Represented: 2740 (41.7%)

**CONCLUSIONS**
Unequal representation between ethnic populations, highlighting a paucity of minorities in CTs
- 81% and 62.5% White participants in parameters 1 and 2
- 58.3% of 4704 participants from 55 CTs are not represented by race

Low minority representation may be attributed to:
- Cultural Differences/Language barriers
- Lack of Access/Health Insurance
- Distrust of Health Care System
- Limited Ethnic/Racial Categories

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**PARAMETERS**

**Parameter 1:** Anxiety, 54 studies 29 excluded

**Parameter 2:** Depression OR Depressive, 63 studies 33 excluded

**Parameter 3:** Anxiety AND Depression, 3 studies, 3 excluded

**Participants**
- n= 2740 participants in 50 CTs

**Total Ethnic Distribution from Both Parameters**
- Hispanic or Latino: 83.2%
- Not Hispanic or Latino: 16.3%
- Unknown or Not Reported: 0.51%

n= 4704 participants in 55 CTs
Cecilia Nguyen, BA ‘21 is a senior studying Psychology with a minor in Natural Science at USC. Cecilia previously was a research assistant at USC’s Family Studies Lab at the Psychology Department and participated in the Home Data and Mobile Sensing Project in Spring-Fall 2018 before joining the Department of Regulatory and Quality Sciences in Summer 2020. As an aspiring physician and current psychology student, Cecilia realized the interdisciplinary potential between policies, health care, and mental health clinical trials in Regulatory Science. Cecilia hopes to conduct a literature review that examines the disparity between sampling representation amongst clinical trials regarding key mental health disorders of anxiety and depression. Currently, she tutors and coaches children in the local LA community in programs such as Coaching Corps and JEP’s ReadersPlus, further driving her research ventures towards adolescent and young adult populations. By doing so, she hopes to steer the conversation towards considering diversity, to ensure that all vulnerable adolescent and young adult populations are given proper representation in mental health treatments. nguyence@usc.edu