

28<sup>th</sup> World Congress on

# PSYCHIATRY, PSYCHOLOGICAL SYNDROMES & THERAPEUTICS

May 21-22, 2018 | New York, USA

## Correlates of clinically significant depressive symptoms in a community-dwelling elderly population: Results from the prevention and treatment of depression in elderly study, Brazil

Alexandrino-Silva Clovis<sup>1</sup>, Ribeiz, Salma<sup>1</sup>, Frigerio, Maria Beatriz<sup>2</sup>, Bassolli, Lucas<sup>3</sup>, Alves Tânia<sup>1</sup>, Bottino Cássio<sup>1</sup> and Busatto Geraldo<sup>1</sup>

<sup>1</sup>University of São Paulo, Brazil

<sup>2</sup>NGO Envelhecer Sorrindo, Brazil

<sup>3</sup>Clinics Hospital of the University of São Paulo Medical School, Brazil

**Objective:** To examine the prevalence of clinically significant depressive symptoms (CES-D $\geq$ 13) and their correlates in an elderly population-based study in São Paulo, Brazil.

**Methods:** A random sample of 2,673 subjects aged 60 years or more were interviewed, and 2,501 individuals were eligible for the analysis of the frequency of depressive symptoms. The results were presented as absolute and relative frequencies. The odds ratio and 95% confidence intervals values were obtained using univariate logistic regression.

**Results:** We observed a prevalence of clinically significant depressive symptoms in 42.98% of the sample (95% CI=41.05-44.93). The main correlates of clinically significant depressive symptoms were: being female (OR 2.087, CI 1.76-2.47); belonging to the oldest age group ( $\geq$ 80 years) [OR 1.333, CI 1.01-1.74]; being divorced/single (OR 1.607, CI 1.3-1.97) or widowed (OR 1.465, CI=1.21-1.77); and family history of depression (OR 1.82, CI 1.42-2.32). Stroke was the clinical comorbidity that presented the highest odds (OR 2.554, CI 1.9-3.43) for the development of clinically significant depressive symptoms, although other cerebrovascular diseases were also associated with the development of depression. Clinically significant anxiety symptoms (GAI $\geq$ 13) increased the odds of clinically significant depressive symptoms by almost twenty-fold (OR 19.544, CI 14.75-25.9). Dissatisfaction with the appearance of teeth also associated with clinically significant depressive symptoms (OR 2.147, CI 1.78-2.58). Interestingly, current alcohol consumption was associated with a lower chance of presenting clinically significant depressive symptoms (OR 0.745, CI 0.63-0.87), and this association was maintained for subjects who consumed more than 2 drinks per day (OR 0.484, CI 0.33 -0.7) or more than five drinks per occasion (OR 0.491, CI 0.31-0.77). The elderly who did not practice physical activity were more likely to present clinically significant depressive symptoms (OR 1.663, CI 1.36-2.03), and the higher the weekly frequency of hours practiced, the lower was the chance of presenting depressive symptoms (2-5 hours/week: OR 0.591, CI 0.44-0.79; 6-7 hours/week: OR 0.51, CI 0.31-0.83; and 8 hours or more/week: OR 0.411, CI 0.24-0.7).

**Conclusions:** Sociodemographic characteristics, family history of depression and cerebrovascular diseases were associated with greater odds of presenting clinically significant depressive symptoms. The inverse relationship between alcohol consumption and the presentation of depressive symptoms needs to be better investigated. Physical activity seems to play an important role in preventing depression in the elderly.

### Biography

Alexandrino-Silva Clovis Junior is Graduate in Medicine at the Faculty of Medicine of Fundação do ABC, São Paulo, Brazil (2003), and underwent Medical Residency in Psychiatry at the same institution. He got his Doctorate degree from the Department of Psychiatry at the Faculty of Medicine of the University of São Paulo (2012). Currently, he is a Post-doctoral Research Fellow at the Old Age Research Group (PROTER) from the Department of Psychiatry at the Faculty of Medicine of the University of São Paulo. He was also Coordinator of the Psychiatric Emergencies Service of the Santo André Hospital Center, Research Doctor and Collaborator of the Disciplines of Psychiatry and Medical Psychology at the Faculty of Medicine of Fundação do ABC and Medical Researcher at the Faculty of Medicine of the University of São Paulo. He holds a specialist title in Psychiatry and professional competence certificate in psychogeriatric obtained from the Brazilian Association of Psychiatry.

### Notes:

alexandrinojr@yahoo.com.br