

Epidemiological Profile of Depression and Anxiety in a City of the South of Minas Gerais

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Abstract

The goal of this study was to verify the prevalence of patients with mental disorders treated in hospitals and health centres of Itajubá (MG). An observational, descriptive, cross-sectional and retrospective study was carried out, analysing medical records through descriptive statistics. It was estimated prevalence of 25% and less expected of 22%, confidence level was 95% and power of 80%, with a sample of 1298 people. The BioEstat 5.0 program was used for chi-squared statistical tests with bivariate data analysis. In the result, the association between the prevalence of mental disorders was 27.6% for depression and 46.6% for anxiety. There was a prominence of depression among women aged 40 to 49 years and over 60 years and an important evidence of anxiety in women aged 40 to 49 years and 20 to 29 years; Almost 1.5 times higher in the development of anxiety in detriment of depression. Therefore, the data corroborate the multifactorial nature of mental health problems, aiming the improvements of actions related to the patients' quality of life, identifying the factors associated with the mental disorders, and raising the awareness of the health team and the population about the importance of this theme.

Keywords: Depressive disorder; Anxiety; Mental disorders; Mental health; Epidemiology

Introduction

The large number of studies related to the prevalence of mental disorders in the Brazilian population shows the importance of this particular theme to the healthy field. The epidemiological studies are extremely important to determine this magnitude, being very useful and relevant in the decisions and planning of public mental health policies, in the organization of services and also, in the development of prevention and treatment programs [1].

A mental disorder is a syndrome characterized by a clinically significant disturbance in cognition, emotional regulation, or behavior of an individual that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. They are often associated with significant distress or disability that affect social, occupational, or other important activities, according to DSM-I. (Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition) [2] and ICD-10 (International Classification of Diseases - 10th Revision). About 90% of psychiatric manifestations are related to non-psychotic disorders, mainly depressive disorder and anxiety, including symptoms such as insomnia, fatigue, irritability, difficulty in memory and concentration, and somatic complaints [3].

Surveys by the World Health Organization (WHO) show that currently almost 33% of the world population suffers from anxiety. Brazil has always been among the first on the organization's lists [4].

Anxiety Disorders, in general, presents a marked anxiety, which plays a fundamental role in the individual's behavioral and psychic processes, furthermore damaging their professional or academic performance and social relations [5,6].

Mental disorders are showing significant increase around the world. Between 1990 and 2013, the number of people suffering from depressive disorder and/or anxiety increased by almost 50%, 416 million to 615 million. Approximately 10% of the world's population is affected, and mental disorders account for 30% of all non-fatal diseases in the world. In emergency situations, one in five people are affected by depressive disorder and anxiety [7]. According to WHO

(World Health Organization), the estimate is that by 2020, depressive disorder will be the second leading cause of disability in the world and by 2030 is expected to be the largest contributor to the panel disease. It is considered the most prevalent evil on the planet, ahead of cancer and some infectious diseases [8].

In Brazil, approximately 3% of the population suffers from some serious or persistent mental disorder, and about 12% of the population needs, at some point, continuous or eventual mental health care [9]. According to an international study, among the developing countries, Brazil is the world leader in the prevalence of depressive disorder, accounting for 18% of the depressed population for at least one year [10].

Depressive disorder is frequently associated with functional disability and physical health impairment. Its diagnosis is often hampered by the frequency of comorbidities due to the difficulty of the medical area to recognize the lack of attention to mental health in the primary health system. Research reveals that approximately 50% to 60% of patients with depressive disorder are not detected or do not receive adequate and specific treatment, which reveals a great deficiency in the diagnosis and treatment of the depressive disorder, though there are methods for tracking and diagnosing this disease [11].

From 1996 to 2012, the number of deaths related to depressive disorder increased by 705% in Brazil (data from Datasus). Included in this statistic are cases of suicide and other deaths motivated by health problems caused by depressive episodes [12].

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In Brazil, 7.6% of patients have already been diagnosed with a depressive disorder, which is equivalent to 11 million people. Considering these Brazilians, more than half (52%) use drugs prescribed by doctors. According to an IBGE survey, 11.8% of the people that suffer from this illness in the country have serious limitations in their activities because of the disease. And, although 52% take medications, only 16.4% do psychotherapy. According to the National Health Survey 2013, prepared by the IBGE, refers to people aged 18 or over [13].

In mental health care as a public policy, in Brazil, the Centers for Psychosocial Care (Caps), which seek to avoid hospitalizations in psychiatric hospitals, stand out. There are also mental health outpatient clinics that can serve as support for the care of less severe disorders, seeking the articulation with the primary care teams in each territory [14].

According to the Social Security of Brazil, mental disorders are already the third reason for absences from work in the country; with INSS (National Social Security Institute) spending around \$200 million in annual benefit payments, data that reinforces the importance of creating prevention measures. In this context, anxiety, as well as depressive disorder, is the diseases that most affect people [15].

It is estimated that 12% of the Brazilian population needs some care due to mental disorders. At least 3% of the Brazilian population is affected by serious mental disorders. Five of the top 10 causes of disability are related to mental illness. Therefore, the debate on this subject proves to be really important [16].

In Brazil the number of epidemiological investigations in the area of mental health still very low and could be improved. However, in the last decades, this fact has been changing. The goal of this present study about mental disorders is to know the epidemiological profile of these disorders in the outpatient clinics of Itajubá Medical School (HE), Itajubá Holy House of Mercy, the Mental Health Center (CAPS) of Itajubá, in the period between August 2014 and 2015, and also aims to analyze the association with socio-demographic variables.

Materials and Methods

This study is an observational, descriptive, cross-sectional and retrospective study, based on the analysis of medical records, of patients that attended the outpatient clinics of Itajubá Medical School (HE), Itajubá Holy House of Mercy, together with those of the Mental Health Center (CAPS) of Itajubá. The study was conducted from August 2014 to August 2015, for the identification of patients with mental disorders.

The purpose of the medical records analysis was to characterize the patient in relation to socio-demographic data, consisting of the following variables: Gender, age, city, profession, religion, color and marital status.

Inclusion criteria

Medical records of men and women, older than 7 years of the School Hospital of the Medical School of Itajubá (HE), Santa Casa de Misericórdia de Itajubá, together with those of the Mental Health Center (CAPS).

Exclusion criteria

Medical records of patients under the age of 7, attended at other locations.

For the statistical treatment of the data, the Epi-Info 15 program was used, in which the initial analysis was carried out, in order to obtain

the prevalence of depressive and anxiety disorders, the prevalence ratio, the confidence interval for prevalence ratio, Considering 95% reliability and characterization of the study sample.

For this, a prevalence of 25% was estimated, with a lower expected prevalence of 22%. And, based on a confidence level of 95% and a power of 80%, a total of 653 patients were estimated. A further 30% of the sample value was included to compensate losses and refusals, reaching an expected N of 849 individuals. In this study, the sample was composed of 1298 people, that is, higher than expected, given the minimum sample size.

The BioEstat 5.0 program was used to develop the chi-squared statistical test for the bivariate analysis of the data, in order to describe associations between the occurrence of depression and anxiety, concomitantly regarding the control of the normality of the distributions, as well as the independent variables investigated. $P \leq 0.05$ were considered significant. Associations with $p < 0.05$ and measures of effect whose confidence interval did not include the unit were considered as significant.

The present study was approved, under the number nº 51367315.5.0000.5559, by the Research Ethics Committee of The Itajubá Medical School (CEP).

Results

Six Thousand patients were identified at the University Hospital of Itajubá Medical School, Itajubá Holy House of Mercy and at the Mental Health Center (CAPS) of Itajubá, from August 2014 to August 2015. Considering all these people the sample of 1298 patients was developed.

In the identification of patients with mental disorders, especially with anxiety disorder, the sample had a normal distribution, with an accentuation in the percentage of cases between 50 and 59 years old (19.4%), followed by 40 and 49 years old (19%), consistent mainly of the female gender (57.9%). On the other hand, the male gender represented 42.1% (Table 1).

Regarding the age, the anxiety prevalence range of 33.3%, in the age range between 20 and 29 years, represented an anxiety prevalence of 47.8%. The age group between 40 and 49 years old presented an anxiety disorder prevalence of around 50% (PR=1.58; CI=1.24 to 2.02), a higher percentage than that presented by the age group below 20 years old, with prevalence of 52.7%. The age range between 50 and 59 years presented a 45.9% prevalence of anxiety, followed by the age group over 60 years, with a 46.3% prevalence of anxiety (Table 1). The distribution of the sample is shown in (Figure 1).

The prevalence of anxiety among study subjects was 46.6% (N = 605). The prevalence of anxiety predominates among women (51%) to the detriment of men (40, 6). Women presented almost 30% (PR=1.26, CI=1.11 to 1.42) more anxiety disorders than men (Table 1).

Regarding the municipality of the patient, the representative sample of Itajubá city expressed 80.6%, corresponding to an anxiety prevalence of 58.1%, close to 3 times more (PR = 2.49, CI = 1, 3 A 4,77) than that of Piranguçu. Additionally, the city of Maria da Fé, had approximately 50% of anxiety prevalence, being almost 2 times more (RP=2.14, CI=1.02 to 4.52) than Piranguçu. The city of Piranguinho showed a prevalence of 38.1% in relation to the others (Table 1).

Afterwards, in the controlled multivariate analysis of epidemiological data for anxiety, such as profession, religion, race, and marital status, there was no significant association with anxiety episodes ($p > 0.05$) (Chart 1).

Variable	Sample Distribution N (%)	N (%) Prevalence	RP (CI 95%)	p - Value
Genre				
Male	547 (42.1)	222 (40.6)	1.00	< 0.0001
Female	751 (57.9)	383 (51.0)	1.26 (1.11a, 1.42)	
Age (Years)				
Below 20	171 (13.6)	57 (33.3)	1.00	< 0.0001
20 – 29	159 (12.6)	76 (47.8)	1.43 (1.10a, 1.87)	
30 – 39	231 (18.4)	99 (42.9)	1.29 (0.99a, 1.67)	
40 – 49	239 (19.0)	126 (52.7)	1.58 (1.24a, 2.02)	
50 – 59	244 (19.4)	112 (45.9)	1.38 (1.07a, 1.77)	
Above 60	214 (17.0)	99 (46.3)	1.39 (1.07a, 1.79)	
City				
Itajubá	1042 (80.6)	605 (58.1)	2.49 (1.30a, 4.77)	< 0.0001
Piranguinho	21 (1.6)	8 (38.1)	1.63 (0.70a, 3.81)	
Maria da Fé	28 (2.2)	14 (50)	2.14 (1.02a, 4.52)	
Pedralva	25 (1.9)	9 (37.5)	1.61 (0.70a, 3.68)	
Piranguçu	43 (3.3)	13 (30.2)	1.30 (0.59a, 2.86)	
S.J. do Alegre	30 (2.3)	7 (23.3)	1.00	
Others	104 (8.0)	44 (42.3)	1.81 (0.91a, 3.60)	
Profession				
Student	103 (31.2)	26 (25.2)	1.01 (0.47a, 2.18)	0.9922
Housewife	89 (27.0)	23 (25.8)	1.03 (0.48a, 2.25)	
Retired	24 (7.3)	6 (25)	1.00	
General services	15 (4.5)	5 (33.3)	1.33 (0.49a, 3.61)	
Others	99 (30.0)	26 (26.3)	1.05 (0.49a, 2.26)	
Religion				
Catholic	221 (72.5)	55 (24.9)	1.10 (0.68a, 1.77)	0.5628
Evangelical	75 (24.6)	17 (22.7)	1.00	
Spiritism	4 (1.3)	2 (50.0)	2.21 (0.76a, 6.40)	
Adventist	1 (0.3)	1 (100)	4.41 (2.90a, 6.70)	
Atheist	4 (1.3)	0 (0.0)	---	
Color				
White	267 (83.7)	70 (26.2)	2.36 (0.80a, 6.99)	0.3653
Black	27 (8.5)	3 (11.1)	1.00	
Brow	25 (7.8)	6 (24.0)	2.16 (0.60a, 7.73)	
Marital Status				
Single	201 (53.5)	44 (21.9)	1.31 (0.22a, 8.01)	0.6532
Married	123 (32.7)	37 (30.1)	1.80 (0.30a, 11.02)	
Divorced	29 (7.7)	5 (17.2)	1.03 (0.15a, 7.34)	
Widower	17 (4.5)	5 (27.4)	1.76 (0.25a, 12.22)	
Cohabiting	6 (1.6)	1 (16.7)	1.00	

Table 1: Description of the sample 'a' according to socio-demographic data following the multivariate analysis of the association between anxiety disorder and socio-demographic factors in Itajubá in 2016.

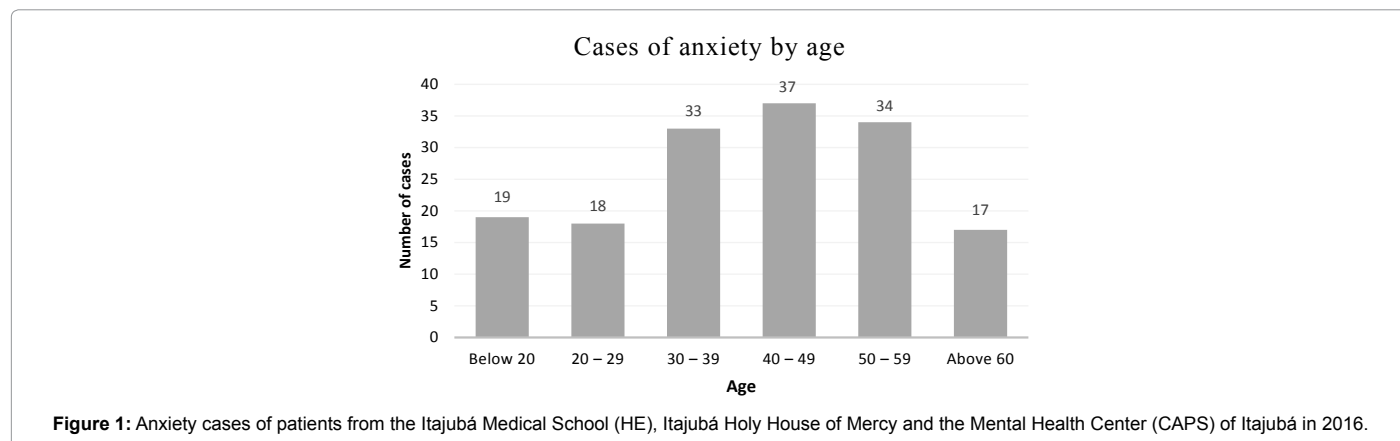


Figure 1: Anxiety cases of patients from the Itajubá Medical School (HE), Itajubá Holy House of Mercy and the Mental Health Center (CAPS) of Itajubá in 2016.

Variable	Sample Distribution N (%)	Prevalence N (%)	Prevalence Ratio (95% CI)	p - Value
Genre				
Male	547 (42.1)	122 (22.3)	1.00	< 0.0001
Female	751 (57.9)	236 (31.4)	1.41 (1.17a, 1.70)	
Age (years)				
Below 20	171 (13.6)	38 (22.2)	1.00	< 0.0001
20 – 29	159 (12.6)	43 (27.0)	1.22 (0.83a, 1.78)	
30 – 39	231 (18.4)	60 (26.0)	1.17 (0.82a, 1.67)	
40 – 49	239 (19.0)	70 (29.3)	1.32 (0.94a, 1.86)	
50 – 59	244 (19.4)	65 (26.6)	1.20 (0.85a, 1.70)	
Above 60	214 (17.0)	74 (34.6)	1.56 (1.11a, 2.18)	
City				
Itajubá	1042 (80.6)	323 (31.0)	3.33 (1.30a, 8.51)	0.0017
Piranguinho	21 (1.6)	2 (09.5)	1.02 (0.20a, 5.15)	
Maria da Fé	28 (2.2)	3 (10.7)	1.15 (0.28a, 4.76)	
Pedralva	25 (1.9)	4 (16.0)	1.72 (0.47a, 6.28)	
Piranguçu	43 (3.3)	4 (09.3)	1.00	
S.J. do Alegre Consolação	30 (2.3)	6 (20.0)	2.15 (0.66a, 6.97)	
Others	104 (8.0)	14 (13.5)	1.45 (0.51a, 4.15)	
Profession				
Student	103 (31.2)	10 (09.7)	1.00	0.1777
Housewife	89 (27.0)	23 (25.8)	2.66 (1.34a, 5.29)	
Retired	24 (7.3)	5 (20.8)	2.15 (0.81a, 5.70)	
General services	15 (4.5)	3 (20)	2.06 (0.64a, 6.64)	
Others	99 (30.0)	21 (21.2)	2.18 (1.08a, 4.40)	
Religion				
Catholic	221 (72.5)	27 (12.2)	1.00	0.9003
Evangelical	75 (24.6)	11 (14.7)	1.20 (0.63a, 2.30)	
Spiritism	4 (1.3)	1 (25.0)	2.05 (0.36a, 11.59)	
Adventist	1 (0.3)	0 (0.0)	---	
Atheist	4 (1.3)	1 (25.0)	2.05 (0.36a, 11.59)	
Color				
White	267 (83.7)	34 (12.7)	1.15 (0.38a, 3.49)	0.8931
Black	27 (8.5)	3 (11.1)	1.00	
Brown	25 (7.8)	4 (16.0)	1.44 (0.36a, 5.81)	
Marital Status				
Single	201 (53.5)	35 (17.4)	2.96 (0.43a, 20.30)	0.7934
Married	123 (32.7)	24 (19.5)	3.32 (0.48a, 22.97)	
Divorced	29 (7.7)	4 (13.8)	2.34 (0.28a, 19.30)	
Widower	17 (4.5)	1 (05.9)	1.00	
Cohabiting	6 (1.6)	1 (16.7)	2.83 (0.21a, 38.57)	

Table 2: Description of the sample 'a' according to socio-demographic data following the multivariate analysis of the association between depressive disorder and socio-demographic factors in Itajubá in 2016.

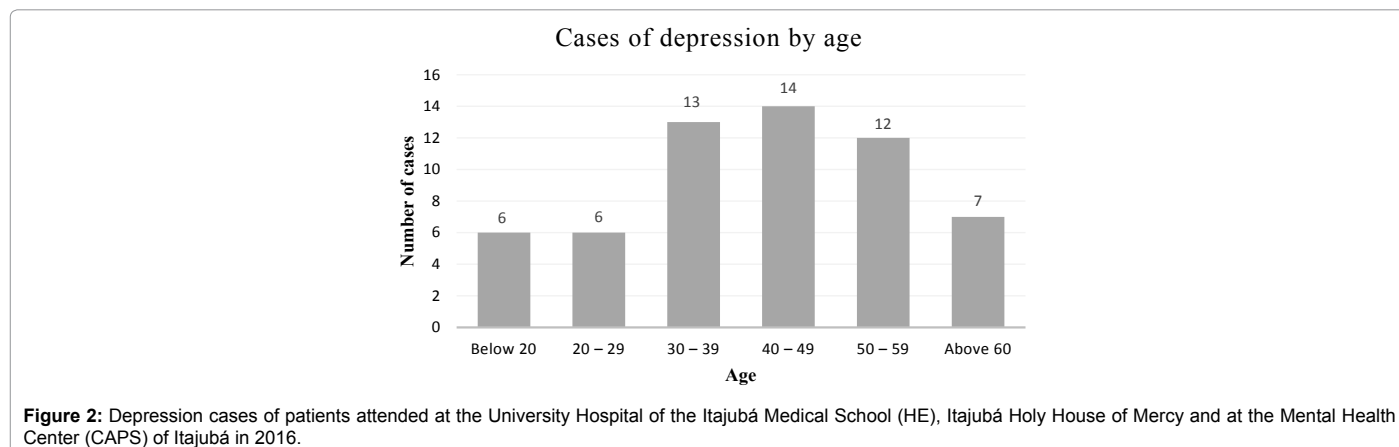


Figure 2: Depression cases of patients attended at the University Hospital of the Itajubá Medical School (HE), Itajubá Holy House of Mercy and at the Mental Health Center (CAPS) of Itajubá in 2016.

As for the depressive disorder, the prevalence among users was 27.6% (N = 358). And women presented a prevalence ratio of almost 50% more (PR=1.41, CI=1.17 to 1.70) when compared to men (Table 2). Therefore, the prevalence of depression predominated among women (31.4%) to the detriment of men (22.3%). The sample related to the number of women presented 57.9%, and the men 42.1% in relation to the total sample.

The age group between 20 and 29 years expressed a prevalence of depression of 43%. The age group of 30 to 39 years showed a prevalence of depression disorder of 26%. The age group of 40 to 49 years presented a prevalence of depression disorder about 29.3%. The age group between 50 to 59 years revealed a 26.6% prevalence of depression. It was followed by the age group over 60 years old, with approximately 60% higher risk of depression than the age group below 20 years (PR = 1.56, CI=1.11 to 2.18) (Table 2). The distribution of the sample is shown in (Figure 2).

The representative sample of Itajubá city presented 80.6%, corresponding to a prevalence of depression of 31% in relation to the other surrounding cities of the South of Minas Gerais and a risk of 3.33 times greater of depression than the city of Piranguçu (PR=3.33, CI=1.3 to 8.51) followed by the city of São José do Alegre with approximately 20% prevalence of depression. The city of Pedralva represented a prevalence of 16% in relation to the others.

There was no significance among epidemiological data such as religion, color/race, marital status, and profession. Consequently, there was no difference in the correlation between the religions, color/race, profession and civil status situations with the depression disorders.

A quantitative analysis of cases of depressive and anxiety disorders was also performed, evidencing a percentile of 22.2% and 33.3%, respectively. For the age group between 20 and 29 years, there was a percentile of 27% and 47.8%, respectively. In the age group between 30 and 39 years, there was a percentile of 26% and 42.9%, followed by a percentile of 29.3% and 52.7% in the age group of 40 to 49 years, this is ensured in comparison with other ages (Figure 3). Therefore, presenting some anxiety disorder showed percentiles of more than 1.5 times the depressive disorder in the age groups between 20 to 59 years.

An analysis of patients' returns to psychiatric consultations revealed that among the participants, 41.99% had only one consultation, 25.96% of the patients returned once to the consultation, 10.25% returned twice and 7.16% of patients returned more than 3 times for psychiatric care, from August 2014 to August 2015, in the outpatient clinics of Itajubá

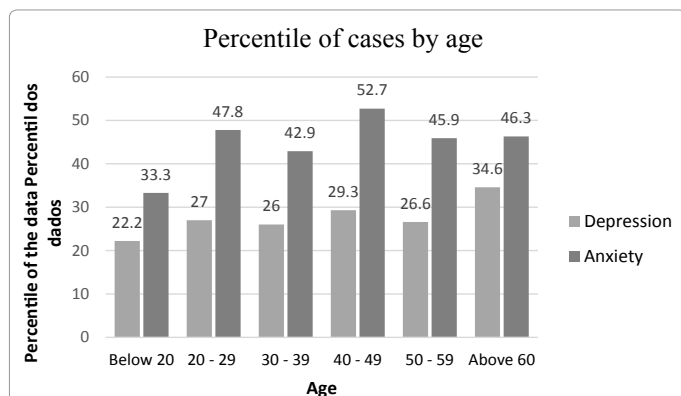


Figure 3: Percentile of the cases of patients attended at the University Hospital of the Itajubá Medical School (HE), Itajubá Holy House of Mercy and the Mental Health Center (CAPS) of Itajubá in 2016.

Return	Frequency	%
0	545	41.99%
1	337	25.96%
2	133	10.25%
3	93	7.16%
>4	190	14.64%
Total	1298	100

Table 3: Return of the patients attended at the University Hospital of the Itajubá Medical School (HE). "Santa Casa de Misericórdia de Itajubá" together with those of the Mental Health Center (CAPS) of Itajubá in 2016.

Medication	n (%) 1104
Clonazepam	283 (25.63)
Sertraline	243 (22.00)
Fluoxetine	172 (15.58)
Escitalopram	146 (13.22)
Diazepam	126 (11.41)
Main Associations Prescribed	
Sertraline + Clonazepam	69 (6.25)
Sertraline + Clonazepam + combination	25 (2.26)
Fluoxetine + Clonazepam	21 (1.90)
Citalopram + Clonazepam	19 (1.72)

Table 4: Presentation of the prescribed medications and the main associations (n = 1047) Itajubá in 2016.

Medical School (HE), Itajubá Holy House of Mercy and in the Center for Mental Health (CAPS) of Itajubá (Table 3).

There was a relevant percentile of those patients who sought psychiatric care, and many of them more than once return to their appointments. Thus, 25.96% continued to be treated. Returning to the aforementioned sites for reconsiderations after referral and having more than two referrals were factors that facilitated continuity of care and medical care.

The most prescribed therapeutic classes during this period were selective serotonin reuptake inhibitors-SSRIs (Fluoxetine with 15.58%, Sertraline with 22% and Escitalopram with 13.22%), benzodiazepines-BZD (Clonazepam with 25.63% Diazepam with 11.41%) (Table 3). A significant number of people, whether at first consultation or after multiple returns, received treatment with the psychotropic drugs mentioned above when they presented diagnoses of mental disorders.

Among all the 1104 patients medicated, about 12% were treated with more than one medication, the most frequent associations being SSRI (Sertraline) with BZD (Clonazepam), with 6.25%. The association of both with other medications also showed relevance with 2.26% (Table 4).

Discussion

This study identified the prevalence and also evaluated sociodemographic factors, associated with depressive disorder and anxiety disorders, in 1,298 patients from the University Hospital of the Itajubá Medical School (HE), Itajubá Holy House of Mercy and the Mental Health Center (CAPS) in the period from August 2014 to August 2015. Both occurrences of depressive and anxiety disorders found in this study together with the other results of the present article indicates the existence of a great demand and need for actions regarding psychiatric patients who seek help from a doctor.

Relevant research points should be analyzed with parsimony. The study has an important sample size and counted with the population of different service units, located in various points of Itajubá City.

In a study [16] conducted in the city of Itajubá, using the Beck Depressive Disorder Inventory instrument, the prevalence of depressive disorder found among engineers students was 4.7%, and in the human and biological areas together, with the values of its prevalences of 2.2% and 7.9%, respectively. In the statistical results obtained in this study, there was no significant difference between the three areas ($p > 0.05$). Accordingly to this study, there is an important relevance of depressive disorder in young people of Itajubá.

In Brazil, a study [16] evaluated the epidemiological profile of the users that attended a family health unit, beside the Mental Health team. It was evidenced that of a total of 203 consultations, 74% were women between 50 and 59 years (33%). Of the 35% of patients referred, the majority were referred to psychotherapy (94%) and the rest to a secondary mental health outpatient clinic (6%). The most commonly prescribed psychotropic drugs were selective serotonin reuptake inhibitors (76%), antihistamines (37%), benzodiazepines (37%) and typical antipsychotics (26%). It can corroborate with the data, which is pertinent when considering that the percentile of women in the age group 50 to 59 present a substantial role in anxiety and depression disorders. It is also observed that the most commonly used psychotropic drugs mentioned above confirm the importance of such prescription drugs in the population of Itajubá.

Analysis of factors associated with the continuity of mental health care of patients referred to health centers in Belo Horizonte (MG) revealed that there were only patients who were referred to the health centers ($n = 68$) and after First referral, 34 patients returned to the mental health reference center (CERSAM) in Belo Horizonte (MG) for further consultation suggesting that a care line can strengthen the fragility in the maintenance of the contact of the services with the patients when they transit between the different devices of care of the network. They also point out results that corroborate the existence of a good longitudinal continuity, that is, when the patient can reach the service, the latter can keep him in treatment over time [17].

In anxiety disorders, the Clonazepam is a drug that is often used to treat this disease (BDZs is widely used in patients with emotional instability) and, in general, is also associated with selective serotonin reuptake inhibitors (SSRIs) [18].

The antidepressants have become an important therapeutic resource, especially in depressive and anxiety disorders in which most are equally effective and their choice takes into account some items such as response and tolerance prior to the use, side effects, psychiatric comorbidities, presence of psychotic symptoms and age. Preservative selective serotonin reuptake inhibitors (SSRIs) have now been recommended because their side effects profile is less dangerous. The response to antidepressants alone, when associated with psychotic symptoms is poor, requiring the addition of antipsychotics, which should be discontinued as soon as symptoms disappear [19]. In the data collected, it is verified that the association of psychotropic drugs is of utmost importance in patients with depressive and anxiety disorders.

Currently, there are a variety of antidepressants that are classified taking into consideration their chemical structure or mechanism of action, such as tricyclics and tetracyclics, selective serotonin reuptake inhibitors (SSRIs), monoamine oxidase inhibitors (MAOIs), Inhibitors. They are increasingly used in other disorders, such as generalized anxiety. In order to obtain drugs with fewer side effects, and also that were more specific in their neurochemical action, selective serotonin reuptake inhibitors (SSRIs) have been developed, progressively occupying the place of the tricyclics [19]. In the present study, the

performance of serotonin-reuptake inhibitors has been shown to be relevant in mental disorders such as anxiety and depression.

The prevalence of depressive disorder in a target population of 18,000 individuals aged over 14 years, attended at the basic health unit, was estimated in a study by the Catholic University of Pelotas, a total of 704 patients. A further 30% of the sample value was included to compensate losses and refusals, and an expected N of 915 individuals was reached. The prevalence of depressive disorder was 23.9% ($n=256$), and it is more evident in women with 4 to 7 years of education, socioeconomic class D or E, who abuse or are dependent on alcohol, with some Anxiety disorder and at risk of suicide ($p < 0.050$) [20]. This may be associated with the data found in this study in which the prevalence of depression among women surpassed that of men.

Anxiety disorder has been shown to be the most common psychiatric condition in both children and adults, with an estimated lifetime prevalence of 9% and 15%, respectively [21]. In the facts recorded in this study, they demonstrate that anxiety disorder compared to depression is inexorably higher in the population of Itajubá.

In a survey on the pharmacological treatment of generalized anxiety disorder, it was observed that in Brazil these disorders present a high prevalence (9.5% to 17.5%), being associated with a high (5.5% to 12%) potential demand [22]. Despite the advances observed in its treatment, it is estimated that less than 50% of the patients present a total remission of symptoms, indicating the need for continuity of pre-clinical and clinical research in this field. These data corroborate with those evidenced in the population of Itajubá, and it was observed that anxiety disorders constitute a group of disorders of great importance for individual and public health.

The prevalence of depressive disorder is established in several epidemiological studies, as usually about two or more times prevalent in women than in men [23]. Differences such as race/color could not yet be established unquestionably. And in an analyzed study, the race/color of the individual did not point to a cause and effect relation with the depressive disorder [18]. Given that the facts recorded here could confirm the non-significant differences regarding race/color.

The evidence of factors determining the depressive disorder among the elderly in Brazil reveals that race/white color tends to be an important predictive factor for the depressive disorder in that population subgroup [24].

Common mental disorders, that refer to non-psychotic disorders, which manifest as a mixture of somatic, anxious and depressive symptoms, are more common in women, the elderly, blacks, and in separated persons or widows. They also show their association with life events that can cause stress, such as low social support, living and working conditions such as low education, poor housing conditions, low income, unemployment and informal work [25]. And in this work there was significant relevance between gender, age and city.

In the relief of depression, the prevalence of the depressive state in the population of Itajubá corresponds to 6%, highlighting its importance of mental health in the city [26].

In primary care, depressive disorder is responsible for significant risks of death, as about 15% of patients with mood disorders commit suicide and at least 66% of all suicides are preceded by depressive disorder [27].

Anxiety disorder shows a relation with the depressive disorder, being that the depressive disorder revealed to be the most prevalent

comorbidity among the anxiety disorders [28,29]. This justifies the items presented in the population survey of Itajubá.

Patients with mental disorders are highly likely to require health care services [30,31]. And frequent users of health services have comorbidities of physical and mental illness [32,33].

According to international estimates and the Ministry of Health, 3% of the population (5 million people) need continuous care (severe and persistent mental disorders) and a further 9% (totalling 12% of the general population of the country - 20 million people) need eventual assistance (Less severe disorders) [34].

In Brazil, a representative study about the prevalence indices of individuals affected by mental disorders has not yet been published. Epidemiological studies are of great importance in determining this magnitude, being important in the decisions and planning of public mental health policies, in the organization of services and also in the development of prevention and treatment programs in the country [35,36].

According to a report by WHO and the Pan American Health Organization (PAHO), mental disorders account for 12% of the global burden of disease and 1% of mortality when less than 1% of health resources are invested in actions to improve the mental health. Despite this fact, more than 40% of countries still lack mental health policies and 30% do not have programs in mental health. It is also known that most of the disorders are treatable and preventable, corroborating the premise that when one invests in the prevention and promotion of mental health, it is possible to greatly reduce the number of disabilities [37,38].

Only one-third of the individuals, who recognize that they are depressed, seek health services because of their symptoms. In this way, future research should emphasize models of interventions compatible with the need of patients seeking such services and for a treatment of depressive disorder in a manner consistent with the context of the available health system and its population [39].

Higher prevalence rates, earlier onset of life, reduced quality of life, and compromised personal performance (personal, familiar, occupational, emotional and social) make mental disorders a major contributor to the burden of total disease [40].

It is noticeable the high overload of disability that causes negative impact on people's quality of life. In Brazil and in the world, with the process of epidemiological transition, the burden of diseases related to non-communicable illness has been increased and its prevention has been a major challenge for public health. In the field of DALYs, neuropsychiatric diseases occupy the first position, and disorders account for 10.8% in this field for both genders [41].

Conclusion

With the survey on mental disorders, specifically depressive disorder and anxiety disorder, it was verified how important it is to insert effective care and assistance in mental health in Itajubá. Thus, specific actions and goals may enable more accurate diagnosis as well as treatment, with an adequate multi-professional care integrated with the patients and, consequently, the improvement of the managerial applicability of public health in this sector.

The relevant prevalence found in this study may reflect the reality of the population studied in the South of Minas Gerais. The quantitative of attendance by age observed, represents a reflection about the presence

of mental health morbidities, presented by individuals who sought care in the units studied. And that contribute to the high prevalence of clinical conditions under study, especially depressive disorder and anxiety.

The results found in this research revealed the general panorama of the occurrence of mental disorders, mainly depressive disorders and anxiety disorders, in the population of Itajubá (MG), pointing out some differences in relation to the specific disorders. Regarding gender, it was observed that women are more affected by anxiety disorders and depressive disorder. Many studies attempt to explain this difference by associating the occurrence of these specific disorders in women with hormonal and psychological factors [42,43]. Another explanation is that women would be more likely to identify symptoms, admit them and seek help, while men tend to seek relief from their suffering or distress by other means. Taking the age as reference, individuals in the age group 40-49 years present higher rates of depressive disorder and anxiety. Some factors related to socioeconomic conditions, such as age, gender, city were identified as possible determinants for the high rates of mental disorders in the studies analyzed.

New drugs, therapies and psychosocial interventions are being developed in the treatment of psychiatric disorders. However, there are cultural, financial and structural barriers that restrict access and demand for the health service, where factors such as perceived ineffectiveness of treatment, poor availability of services and lack of training of primary care teams to identify cases often reflect the current health policies of the country.

Therefore, depressive disorders as well as anxiety are situations that concern the population and the psychiatrist, both for the suffering they cause to patients and for the serious consequences that can cause, such as, for example, suicide.

It can be noticed the prevalence of depressive disorder of 27.6% and anxiety of 46.6% between individuals. There was no significant difference in depressive and anxiety symptoms when comparing the epidemiological data: color/race, profession, marital status and religion ($p > 0.05$). Statistical significance was found between ages, gender and city ($p < 0.05$). There was a high prevalence of depression in the female gender, 67.9% when compared to the male gender, 42.1%. There was a high prevalence related to the age, where the prevalence of depressive disorder in the age group of 50 to 59 years represented a value of 19.4%.

The data collected allowed us to conclude that there is a need to insert mental health care in response to the demand. Through diagnostic evaluations of care protocols, risk factors and prognosis, these actions can collaborate to improve both the services provided and the quality of life of patients suffering from mental disorders. The distribution and frequency of mental disorders in the population concomitant with an integrative management between the various units of Itajubá can guarantee not only satisfactory knowledge but also the provision of updated data on the subject.

The instruments used for the research were able to measure the quality of life of the population suffering from some psychiatric disorder by measuring the epidemiological profile of the mental disorders, especially depressive disorders and anxiety disorders

With all this information provided, new studies can measure the psychiatric morbidity in the scope of access to health services and therapeutic interventions, evaluating their effectiveness and the factors that interfere in this process.

The study was able to contemplate the attendance in the midst of

the daily demands of Itajubá city, and the results illustrated that the interface between individuals and mental health services represents an important instrument for the integral care.

This interface contemplated viable and pertinent access information for the user with a more complex mental disorder, opening doors to integral care and Interdisciplinary in daily work.

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Disclosure

The authors report that there are no conflicts of interest.

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