

THE IMPORTANCE OF PRIMARY HEALTH ATTENTION IN THE CARE OF PATIENTS WITH DEPRESSIVE DISORDERS: A LITERATURE REVIEW

Henrique Barbosa Barros Júnior

<http://lattes.cnpq.br/1470993372345782>

Allana Renally Cavalcante Santos de Moraes

<https://orcid.org/0000-0002-6753-8687>

Eclésio Cavalcante Santos

<http://lattes.cnpq.br/3767022697760141>

Heron Ferreira Aragão

<http://lattes.cnpq.br/1465478525905443>

Janyele Ferreira de Lima

<http://lattes.cnpq.br/5523433820222337>

Jecyane Mirelle da Silva Tenório

<http://lattes.cnpq.br/4493090423823939>

Luiza Maria Guimarães de Souza Leite

<http://lattes.cnpq.br/9764639348272905>

Matheus Bianchi Nocrato Gomes

<http://lattes.cnpq.br/1435932111569574>

Mauro Castro de Albuquerque Filho

<http://lattes.cnpq.br/1998168714613169>

Rodolfo Barbosa de Freitas

<http://lattes.cnpq.br/3191072011825318>

Victor Lucas Veras Lins

<http://lattes.cnpq.br/0556924561766271>

Edenilson Cavalcante Santos

<https://orcid.org/0000-0002-5924-8065>

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Abstract: Depressive disorders have a high global prevalence, with 300 million people affected by this pathology in the world, and in Brazil, there are about 11.5 million people. These disorders directly and significantly affect the quality of life of affected patients. Therefore, this study aimed to analyze the literature through an integrative review, aiming to highlight the importance of the actions of PHC and its team, developed in the face of depressive disorders. It was found that the main care strategies for individuals diagnosed with depression, used in the UBS, described in the literature were: Reception; Individual consultations; Referral to the specialist; Support groups and Pharmacological treatment. However, PHC contributes to the promotion of strategies to build an effective network of care, care and monitoring articulated with other sectors of the health network, for depressive patients.

Keywords: Depression, Mental Health; Primary attention.

INTRODUCTION

The definition of depression and, especially, the way the disease has been dealt with over the years by different societies, has undergone significant changes. Only in the middle of the century XIX mental disorders, including depressive disorders, were recognized as a disease, with the emergence of the first Diagnostic and Statistical Manual of Mental Disorders (DSM, acronym in English) in 1952 (DMS-5, 2014; SANTOS, 2017).

They directly affect the quality of life of affected patients and their families, promoting a significant increase in the economic burden due to their direct and indirect costs and for causing suicidal tendencies (SOARES et al., 2021).

Therefore, this study is significant, as it presents the characteristics of depressive

disorders and their impact on the quality of life of affected individuals, and highlights the importance of Primary Health Care (PHC) and its team. In this sense, the present work aimed to highlight the importance of PHC in the development of actions aimed at depressive disorders, described in the literature from 2016 to 2021.

METHODOLOGY

The present study refers to a literature review carried out through integrative bibliographic research, with regard to mental disorders, with emphasis on the relevance and actions of primary health care in the face of these mental pathologies.

For that, the works were collected in the period referring to the five years, only in the Portuguese language, in the following electronic databases: LILACS (Latin American and Caribbean Literature in Health Sciences) and SciELO (*Scientific Electronic Library Online*). Additionally, information available on the ANVISA (National Health Surveillance Agency) and the Ministry of Health portal was considered. Therefore, the following descriptors were used: depression, mental health and primary care. For the association of descriptors, the term “AND” was used.

After conducting the research in the aforementioned databases, the following criteria were adopted for the inclusion of articles: those that addressed the subject or its descriptors, restricted to the period from 2016 to 2021, impact factor of the article and full text available.

However, the exclusion criteria considered were: articles published before the year 2016, articles in other languages, duplicates and available only in abstract format (Figure 1).



Figure 1. Flowchart for selecting studies from the integrative literature review.

Source: authors, 2022.

ETIOLOGY AND CLASSIFICATION OF DEPRESSIVE DISORDERS

The exact etiology of depressive disorders is not clearly known, but it is known that genetic and environmental factors participate in their genesis. Heredity is linked to half of the cases, being more common among first-degree relatives of patients affected by depression (CORYELL, 2020; GHASEMI et al., 2017).

In addition, studies report that dysregulation of neurotransmitters altering their levels, such as cholinergic, catecholaminergic (noradrenergic and dopaminergic), glutamatergic and serotonergic (5-hydroxytryptamine) levels, which contributes to depressive conditions (MCINTYRE et al., 2017).

The term depression is often used to refer to any of several depressive disorders. Some are classified in the Diagnostic and Statistical Manual of Mental Disorders, *Fifth Edition* (DSM-5) by specific symptoms: major depressive disorder (including major depressive episode), persistent depressive

disorder (dysthymia), and other specified or unspecified depressive disorder. 2020; DMS-5, 2014).

DIAGNOSIS AND TREATMENT OF DEPRESSIVE DISORDERS AND ITS IMPORTANCE

The diagnosis must consider the clinical criteria described in the DMS-5 and laboratory tests which include complete blood count, electrolytes, thyroid-stimulating hormone (TSH), vitamin B12 and folate levels (CORYELL, 2020).

Screening also represents an essential tool in identifying individuals with depression, thus facilitating diagnosis. Such instruments include the patient health questionnaires (various types), the Geriatric Depression Scale for older adults and the Edinburgh Postnatal Depression Scale (SILVA et al., 2021).

There are proven effective treatments for the treatment of depression can be classified as non-drug and drug. Non-drug treatment consists of: the support given by the health

team providing support and information, psychotherapy that comprises a set of psychological techniques, such as cognitive behavioral therapy and interpersonal therapy (DA MOTTA et al., 2017).

As for drug treatment, several pharmacological classes can be used, such as: selective serotonin reuptake inhibitors, serotonin modulators (5-HT₂ blockers), serotonin and noradrenaline reuptake inhibitors, dopamine and noradrenaline reuptake inhibitors, heterocyclic antidepressants, monoamine oxidase inhibitors (MAOIs), melatonergic antidepressants and ketamine-type drugs (BERGFELD et al., 2016; RUFINO et al., 2018).

The groups in PHC, as well as the NASF (Núcleo de Apoio a Saúde da Família) and the Multiprofessional work also play a crucial role in the treatment and diagnosis of depressive disorders. Thus, essential for rehabilitation and therapeutic efficiency, representing a powerful resource in primary care (ABRANTES et al., 2019; DE OLIVEIRA; DE OLIVEIRA, 2018).

Some health centers are also unprepared to receive patients with mental disorders and provide adequate treatment (NUNES et al., 2020). Such issues lead to an increase in serious cases, recurrence and chronic episodes of the disease, there is also an increase in expenses with treatments, consultations and hospitalizations, loss of professional and personal quality of life and an increase in the number of suicide attempts and deaths (NUNES et al., 2020).

IMPACT OF DEPRESSION ON QUALITY OF LIFE

Depression is often related to a process of severe wear and tear on the individual's occupational, physical and social functioning, interfering with their perception, directly and negatively impacting their quality of life (WHO, 2020).

This is due to the lack of perspective, the pessimistic view, loss of interest, deep sadness and difficulty in performing activities that were routine for the patient, triggering significant losses in several areas of their life. Furthermore, there is an increase in the use of health services, negligence in self-care and reduced adherence to therapeutic treatments (RIBEIRO et al., 2018; SANTOS et al., 2020).

Studies show that the diagnosis of depression is the most influential predictor for deficiencies in quality of life, and that depressive symptomatology is associated with a low perception of quality of life (RIBEIRO et al., 2018). Depression can cause greater damage to quality of life with a compromise that can be considered 23 times greater than that caused by other physical diseases (ARAGÃO et al., 2018).

It is worth noting that education influences this process, with depressive individuals with higher education tending to have a greater understanding of the disease, being able to better deal with and overcome the symptoms (RIBEIRO et al., 2018). Figure 2 illustrates the impact of depression on the quality of life of patients with depressive disorders.

ROLE OF PRIMARY CARE IN MENTAL HEALTH CARE

Among the public tools aimed at improving the health of the community, there is the Family Health Strategy (ESF) represented by the Basic Health Units (UBS), whose objective is to develop the prevention and promotion of the population's health, through an action assertive, which highlights the role of primary health care (DA MOTTA et al., 2017).

Seven main reasons are highlighted that make the integration of mental health into primary care essential, which are: high demand for mental disorders; association between physical and mental pathologies; therapeutic gap of mental disorders; increase and ease of

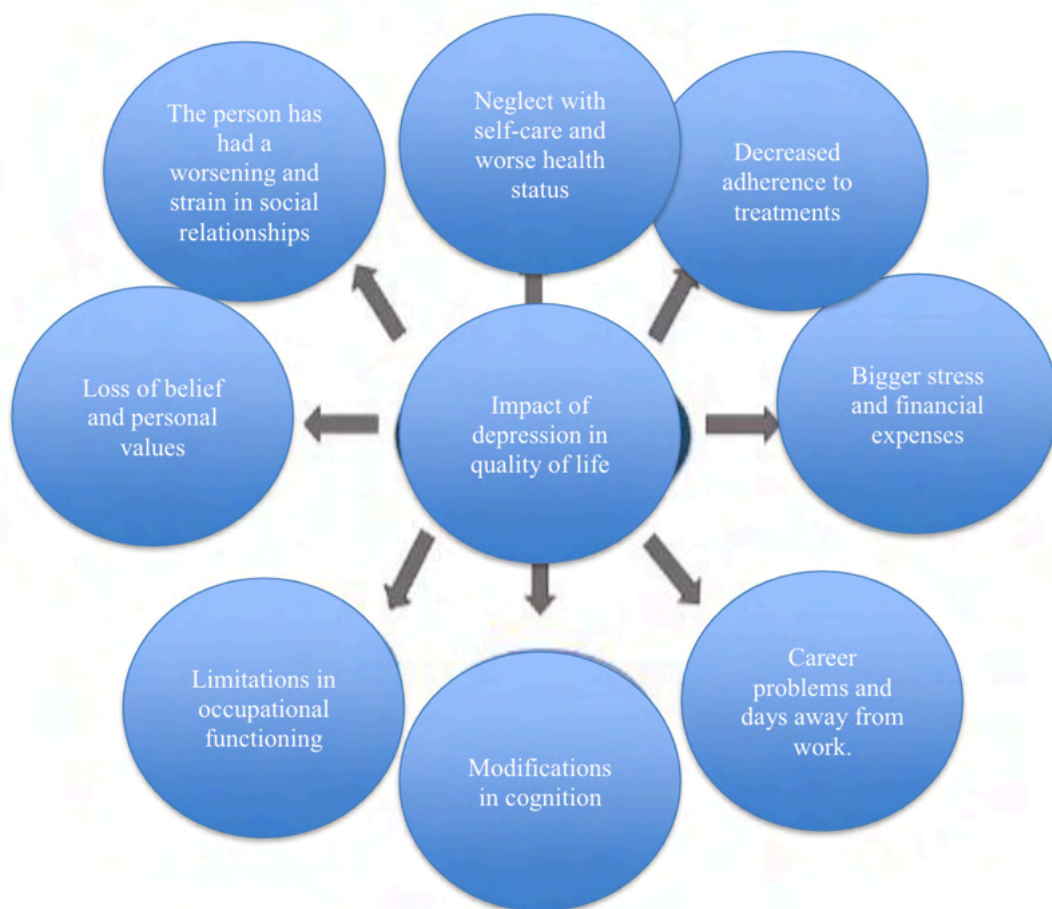


Figure 2. Impact of depression on the quality of life of affected patients.

Source: authors, 2022.

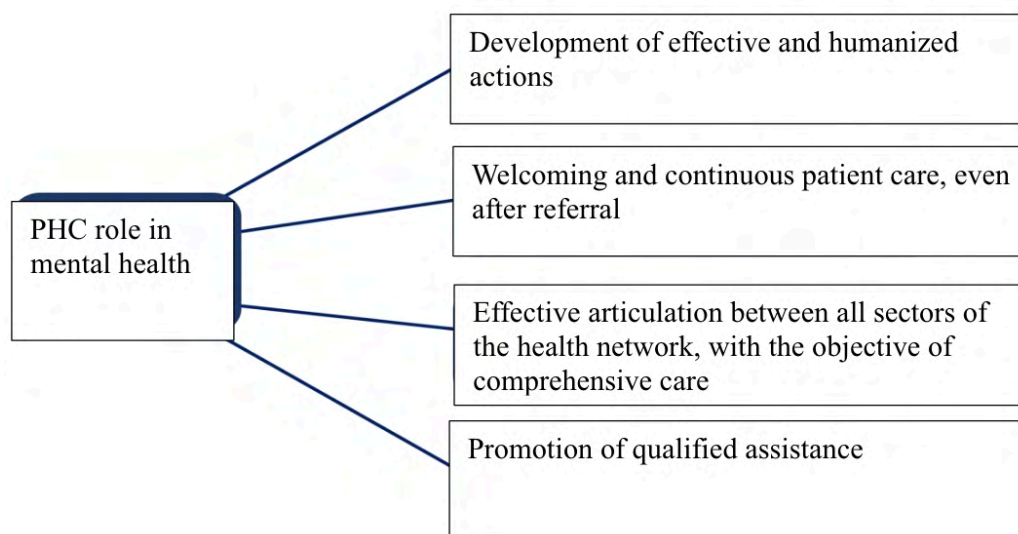


Figure 3. Role of Primary Health Care (PHC) in Mental Health.

Source: authors, 2022.

access; guarantee and promotion of human rights; availability and cost-effectiveness and effective clinical outcomes (WENCESLAU, 2017).

Mental health demands are common in PHC, 25% to 50% of patients seeking medical care in primary care centers have at least one psychiatric disorder (MARTINI, 2020).

PHC, together with secondary or tertiary care services, must build a quality articulation in order to carry out comprehensive care, so that the referral of the user to a specialized service must not result from the loss of the bond with the PHC (MARTINI, 2020). The matrix support of Family Health teams with reference centers is significant for the promotion of qualified care for patients with depression (FATORI et al., 2018; WENCESLAU, 2017). Figure 3 outlines the role of PHC in mental health care.

PRIMARY CARE ACTIONS FOR THE CARE OF PATIENTS WITH DEPRESSION

In the sphere of mental health, PHC is a strategic instrument for care, since the Psychiatric Reform provides for the deinstitutionalization of psychiatric patients and the consolidation of territorial bases for this care (SOARES et al., 2016; SOARES et al., 2021).

In general, PHC services are the most accessible, available and accepted by communities. Thus, when mental health is associated as a portion of these services, access improves, as a result mental disorders, such as depression, are more easily diagnosed and treated (ULBRICH et al., 2017).

Knowing the importance of PHC for mental health, this service develops several crucial actions for the resolution of mental illnesses, including depressive disorders. It appears that the main care strategies for the individual diagnosed with depression,

used in the UBS described in the literature were: Reception; Individual consultations; Referral to the specialist; Support groups and pharmacological treatment (DARÉ; CAPONI, 2017).

Pharmacological treatment in the primary care network still represents a primary care and treatment strategy for individuals diagnosed with depression. The application of drug treatment becomes even more fundamental, due to the absence of other therapeutic and care techniques and tools in the primary care network (DARÉ; CAPONI, 2017).

FINAL CONSIDERATIONS

Therefore, the present study presents an overview of depressive disorders and the importance of PHC in the face of these pathologies. It becomes clear the great impact that depression causes in today's society, due to the increasing number of depressive people over the years, and the burden that the disease generates on the quality of life of patients with this disorder and their families.

Depression is a disease that is on the rise in the world, being the main cause of disability in the world population. Although there are many effective drug and psychological treatments for depression, less than half of the world's affected people receive medical care.

In PHC, mental health, especially depressive disorders, is one of the biggest reasons for seeking care. In this scenario, the reception, diagnosis, treatment and follow-up of patients with depression in primary care and the promotion of strategies to implement an effective care network, articulated with other sectors of the health network, are of paramount importance.

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