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EVOLUTIONARY ANALYSIS OF THE OCCURRENCE OF THE WORKPLACE DISEASE "DEPRESSION" IN BRAZIL BETWEEN 2009 AND 2018

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Abstract: Depression and, consequently, depressive episodes erupt - day after day - as the "disease of the century" and this situation of profound psychic discomfort also affects the work environment. Having as a typical cause the trinomial "genetics X brain biochemistry X vital events", the current reality of the labor market contributes, in a relevant way, to the evolution of these conditions in workers. Overload of services, exhausting hours, demands for achieving goals, fear of unemployment, professional demotivation, flexibility of the country's just-labor legislation are examples of triggering and/or intensifying aspects of depressive symptoms, as well as the fragmentation of psychic identity. The present study consists of a diagnosis, in a comparative way - using official statistical data from the Ministry of Social Security - the diagnoses of the disease identified as 'Depressive Episodes', registered with the code 'F32' in the International Classification of Diseases - ICD, with Communication of Work Accidents - CAT registered and for typical reason, in Brazil. This research aims to enable effective and specific action plans.
Keywords: Depression, diagnosis, work.

INTRODUCTION

The present research addresses the occurrence of diagnoses of depressive episodes with a Work Accident Report - CAT registered, which will be called - during this study - 'Depression' as an effective occupational disease, of great dissemination in labor law throughout Brazil, considering the statistics officials of the Brazilian federal government, between 2009 and 2018.

THE DEPRESSION

Researches

According to a scientific study by the International Stress Management Association Brazil, 70% (seventy percent) of Brazilians suffer from consequences arising from work-related stress. The most recurrent are: pain, chronic fatigue and depression.

Another survey, carried out by"Universidade de Brasília" - UnB, together with the National Institute of Social Security - INSS, shows that approximately 50% (fifty percent) of workers who are away from work for a period exceeding 15 (fifteen) days presents, at least, a psychic disorder, with Depression appearing as the most frequent.

Concept

Chronic and recurrent psychiatric illness that produces a change in mood characterized by deep, endless sadness, associated with feelings of pain, bitterness, disenchantment, hopelessness, low self-esteem and guilt, as well as sleep and appetite disorders (available at: https://drauziovarella.uol.com.br/doencas-e-sintomas/depressao/ , accessed on January 31, 2020).

Symptomatology

As the most frequent symptoms of Depression associated with the work environment, the following can be listed:

a) low productivity;
b) impairment of the level of concentration and memorization;
c) feeling of physical and mental fatigue;
d) continual discouragement;
e) anhedonia (diminished interest and pleasure in performing most activities);
f) suicidal ideas.

This last cause deserves special attention, because watching the daily news shows a growing number of suicides committed by professionals with admirable corporate positions, excellent incomes and notable social *status*.

Causes

Typical situations such as abusive working hours, heightened competitiveness, moral harassment, sexual harassment, extreme pressure to achieve results and goals, permanent anxiety, stress, fear of unemployment, long periods of digital connection, are elements that cause and/or intensify depression. of the worker.

Classification as an Occupational Disease

Initially, it is important to make some comments about the classification of Depression as an accident or work-related illness, as the disease in question only appears as a generator of compensation if the respective classification occurs.

In order to legally generate pecuniary compensation, the disease must be - objectively - related to the work environment.

For a long time, depression was not considered a typical work-related illness, like other well-known ones:

a) Burnout syndrome;
b) Repetitive Strain Injuries - RSI;
c) Work-Related Musculoskeletal Disorders - DORT.

As for Depression, it is required - for the purpose of characterizing it, in this specific case, as a work-related disease - the configuration of a causal relationship (causal link) between the disease and the work environment. Once the aforementioned bond is recognized, which is normally difficult to complex, employees are guaranteed the rights arising from the damage (in this case, psychological damage) they have borne.

For the effective framing of Depression as a work disease / occupational disease, it is necessary to verify the worker's incapacity. This finding will result from the employee's submission to psychiatric examinations and the expertise(s) of the INSS, noting the debilitating condition.

Classification

Being a disabling disease, which affects about 350 (three hundred and fifty) million people in the world, the conditions vary in terms of the binomial "intensity X duration", and can be classified into three different degrees: mild, moderate and severe. Allied to this, it - also - can reach children and adolescents.

According to Datasus (available at: http://www.datasus.gov.br/cid10/V2008/WebHelp/f30_f39.htm accessed on January 31, 2020), we have:

Depressive Episodes: In typical episodes of each of the three degrees of depression: mild, moderate, or severe, the patient experiences a lowering of mood, reduced energy, and decreased activity. There is a change in the ability to experience pleasure, loss of interest, decreased ability to concentrate, generally associated with significant fatigue, even after minimal effort. Sleep problems and decreased appetite are generally observed. There is almost always a decrease in self-esteem and self-confidence and often feelings of guilt and/or unworthiness, even in mild forms. Depressive mood varies little from day to day or according to circumstances and may be accompanied by so-called "somatic" symptoms, for example loss of interest or pleasure, early morning awakening several hours before the usual waking time, morning worsening of depression, important psychomotor slowdown, agitation, loss of appetite, weight loss and loss of libido. The number and severity of symptoms make it possible to determine three degrees of a depressive episode: mild, moderate and severe.

Includes:

a) isolated episodes of depression (psychogenic or reactive) or a depressive reaction.

Excludes:

b) when associated with adjustment disorders or resulting depressive disorder.

As for the severity of depressive episodes, it provides:

I. Mild depressive episode

Generally, at least two or three of the symptoms mentioned above are present. The patient usually suffers from the presence of these symptoms, but will probably be able to perform most activities.

II. Moderate depressive episode

Generally, four or more of the symptoms mentioned above are present, and the patient apparently has great difficulty in continuing to carry out routine activities.

III. Severe depressive episode without psychotic symptoms

Depressive episode where several of the symptoms are marked and distressing, typically loss of self-esteem and ideas of worthlessness or guilt. Suicidal ideas and acts are common and a series of "somatic" symptoms are generally observed.

Depression:

a) agitated (ü);
b) major (ý): single episode without psychotic symptoms;
c) vital (þ).

IV. Severe depressive episode with psychotic symptoms

Depressive episode corresponding to the description of a severe depressive episode, but accompanied by hallucinations, delusions, psychomotor slowing or stupor of such severity that all normal social activities become impossible; there may be a risk of dying by suicide, dehydration or malnutrition. Hallucinations and delusions may not correspond to the dominant character of the affective disorder.

Isolated episodes of:

a) major depression (unipolar) with psychotic symptoms;
b) psychotic depression;
c) depression with psychogenic depressive psychosis;
d) depression with reactive depressive psychosis.

V. Other depressive episodes:

a) atypical depression;
b) isolated episodes of a "masked" depression N.O.S.

VI. Unspecified depressive episode:

a) N.O.S. depression;
b) N.O.S. depressive disorder.

Consequences

The international medical literature argues that, if not properly treated, Depression can become a triggering agent of other problems. It is known that a deficiency in the immune system, as a primary consequence of the disease, may predispose the body to infections, cardiovascular and/or autoimmune diseases (eg Lupus, Diabetes).

Studies have been investigating the potential relationship between Depression and the appearance of Cancer; most likely, due to this drop in immunity, which leads to psychosomatic reactions and other pathologies.

Some more trivial consequences - however, not less problematic - relate to problems in marital and affective relationships, unconscious voluntary unemployment,

isolation and social phobia, propensity to vices such as alcoholism, narcotics, etc.

Classification - CID

The International Statistical Classification of Diseases and Related Health Problems, often referred to by the acronym ICD (in English: International Statistical Classification of Diseases and Related Health Problems - ICD) provides codes relating to the classification of diseases and a wide variety of signs, symptoms, abnormal features, complaints, social circumstances and external causes for injury or illness.

For the occupational disease subject of the present study:

Code	Description
F320	Mild depressive episode
F321	Moderate depressive episode
F322	Severe depressive episode without psychotic symptoms
F323	Severe depressive episode with psychotic symptoms
F328	Other depressive episodes
F32g	Depressive episode not specified

Treatment

The most common forms of treatment involve the use of medication combined with psychotherapeutic and/or psychiatric treatment.

Improvements in life habits also contribute in considerable magnitude to the psychic recovery of the depressed worker. These improvements include:

a) more balanced diet;
b) more frequent social interaction;
c) practice of daily physical activities.

THE WORK ENVIRONMENT

In constitutional terms, the work environment is - expressly - provided for in item VIII of article 200 of the Constitution of the Federative Republic of Brazil - CRFB/88:

> art. 200. The unified health system is responsible, in addition to other attributions, under the terms of the law:
>
> [...]
>
> VIII - to collaborate in the protection of the environment, including that of work.

Indeed, the Federal Supreme Court - STF effectively recognized the existence of the work environment, as provided in the work "Environmental Law", in which the notable scholar Frederico Amado explains about the Direct Action of Unconstitutionality - Writ of Mandamus (ADI/MC) Number: 3,540/05:

> The safety of the environment cannot be compromised by business interests nor be dependent on motivations of a purely economic nature, even more so if you bear in mind that economic activity, considered the constitutional discipline that governs it, is subordinated, among other general principles, to that which privileges the "defense of the environment (CF, art. 170, VI), which translates a broad and comprehensive concept of the notions of natural environment, cultural environment, artificial environment (urban space) and **work environment**". (an emphasis was added in this stretch), (AMADO, 2018, p. 55).

Consolidated, peaceful understanding, in the national doctrine that the environment is divided into:

a) natural: also known as the physical environment. It is composed of: fauna, flora, air, soil, water;

b) cultural: integrated by the intangible heritage of society. It comprises artistic, architectural, archeological, tourist and landscape manifestations;

c) artificial: formed by the cities and their components, by the rural area. In

summary, it is composed of any and all places where citizens live;

d) genetic heritage: everything related to the development of genetic research. It consists of transgenic products, research on stem cells, *in vitro fertilization;*

e) labor: also called the work environment. It basically consists of the spaces in which workers carry out their professional activities.

It is important to bring up the elucidative excerpt from the work of the learned Professor Gustavo Felipe Barbosa Garcia:

> The work environment, understood as the place where the work activity is carried out, covering the working conditions, its organization and the intersubjective relationships present in its scope, is inserted in the environment as a whole (art. 200, item VIII, of CRFB/1988), which, in turn, is part of the list of fundamental human rights, also because it aims to respect the "dignity of the human person", a supreme value that reveals the "unique and irreplaceable character of each being human rights", also appearing as the true foundation of the Federative Republic of Brazil (art. 1, item III, of CF/1988).

In this vein, it is observed that the work environment is the object of study - jointly and simultaneously - of both Environmental Law and Labor Law, in spite of different and complementary perspectives.

The present work has, in its core, the objective of classifying, ordering, organizing and systematizing the existing knowledge about the temporal evolution of the occurrence of the occupational disease 'Depression', in Brazil, between the years 2009 and 2018.

METHODOLOGY

This research was carried out from official documents, namely:

a) Monthly monitoring of benefits Allowances - Accident Illnesses - 2008 to 2018. Reports obtained from the website: http://www.previdencia.gov.br/dados-abertos/estatsticas/tabelas-cid-10/

b) Population estimates sent to the Federal Court of Auditors (TCU) from 2008 to 2018. Data obtained from the virtual website: https://www.ibge.gov.br/estatisticas/sociais/populacao/9103-estimativas-de-populacao.html?edit=16985&t=results

By crossing these data, the Relative Rate of Occupational Illness 'Depressive Episodes' - TR was created, from which:

$$T_{R\ (\text{events per million inhab.})} = \frac{(\text{Number of Episodes of the Year in the Country} \times 10^6)}{\text{Total Population of the respective Year}}$$

This way, it became possible to view and subsequently evaluate the evolution of incidents with a Work Accident Report - CAT recorded in the last ten years.

RESULTS AND DISCUSSION

In possession of the bibliographic materials mentioned in "Methodology', it was possible to construct the following table 1.

Excluding the values referring to the year 2012, due to some visible inconsistency, we have: (Table 2).

Performing a visual analysis of Chart 02, it appears that relatively (in values proportional to the population of the respective year), the TR showed a sharp decline between the years 2009 and 2015. general terms, a stabilization of the order of 11 (eleven) events per million inhabitants.

In order to enable a new form of analysis, we have the following graph 1.

Year	Total Number of Occurrences - F32 (CID 10)	Total Population (inhabitant)	T_R(events per million)
2009	4814	191.480.630	25
2010	4048	190.747.855	21
2011	3946	192.379.287	21
2012	54571	193.946.886	281
2013	3612	201.032.714	18
2014	3337	202.768.562	16
2015	2275	204.450649	11
2016	2546	206.081.432	12
2017	2143	207.660.929	10
2018	2554	208.494.900	12
	Values excluded from the analysis (probable typing error		
	from the Ministry of Finance)		

Table 01 - Relative Rate of Occupational Illness 'Depressive Episodes' - T_R.

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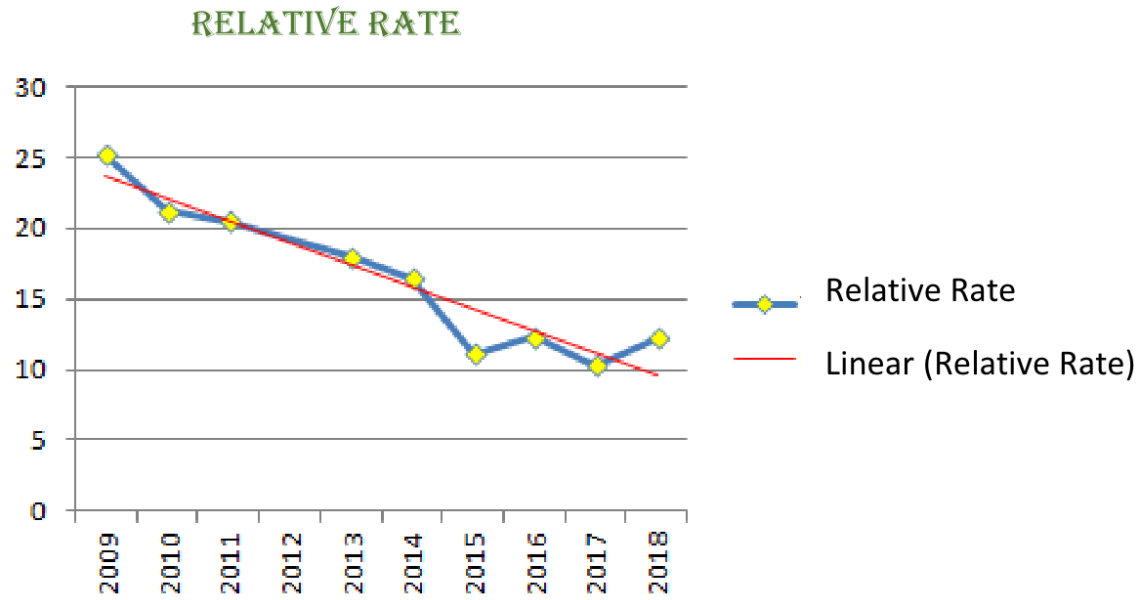
Table 02 - Relative Rate of Occupational Illness 'Depressive Episodes' - $T_{R.\ (Corrected)}$



Graph 01 - Real Relative Rate and Trend.

CONCLUSIONS

Contrary to the general panorama that presents a quantitative growth in the incidence of depressive episodes in Brazil - in the work environment - the levels, which despite still being high (of the order of eleven events per million inhabitants) in the last ten years, have been reduced to 50% (fifty percent) when compared to the beginning of the analyzed period.

Several factors can be listed as reducing factors of the mentioned rate:

a) intensification of institutional campaigns (Federal Government; Superior Labor Court - TST, among many others) conveyed by the various means of communication, showing the dangers of an undiagnosed or, even, untreated diagnosed depression;

b) consolidation of corporate / business campaigns aimed at preserving the integral health of employees, covering physical, organic and psychological aspects;

c) demystification of the Depression as 'freshness';

d) growth, improvement and availability of psychotherapeutic and psychiatric alternatives for the treatment of the disease, in the public and private health networks;

e) development of less aggressive drugs (called antidepressants) with less intense side effects to the patient.

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