

## THE ROLE OF PRIMARY HEALTH CARE IN THE MANAGEMENT OF MAJOR DEPRESSIVE DISORDER

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**Summary: Introduction:** Primary health care is considered the gateway to the public health service and plays a crucial role in the management of major depressive disorder, guided by symptoms such as anhedonia, irritability and persistent sadness. In this regard, the psychosocial care network aims to integrate care by offering care and support to affected individuals. **Objective:** the present study seeks to analyze the tools and social actors involved in the complexity of primary health care, especially with regard to the services available and effective approaches to dealing with major depressive disorder. **Materials and methods:** This is an integrative literature review about the role of primary health care in the management of major depressive disorder. The PICO strategy was used to prepare the guiding question. Furthermore, the descriptors “Primary Care” were crossed; “Major Depressive Disorder”; “Management”, in the databases *National Library of Medicine* (PubMed MEDLINE), *Scientific Eletronic Library Online* (SCIELO), Ebscohost, Google Scholar and Virtual Health Library (VHL). **Results and discussion:** Depression is very prevalent and considered a public health problem, so the Psychosocial Care Network, together with the tools proposed by the family health team, must offer longitudinal support to the patient. **Conclusion:** This review highlights that early diagnosis and support from primary care tools need to work together to improve the quality of life of individuals living with this disorder.

**Keywords:** primary attention; depression; management.

## INTRODUCTION

Since the implementation of the Unified Health System (SUS), improvements have been made to the coverage of public health systems in Brazil. The World Health Organization (WHO) itself defined Primary Health Care (PHC) as a set of health services based on practical approaches that are universally available to individuals and families. Therefore, it aims to bring health care as close as possible to the community, representing the first component of a continuous health care process (Tasca et al., 2020)

In this context, it is necessary to understand that the management and approach to mental disorders must also be guided by the assistance principles of the SUS, for this purpose, the National Mental Health Policy was created, an important support for this population, and later the Psychosocial Care Network (RAPS). Since then, progress can be identified related to legislation, the reduction of hospitalizations and the construction of more comprehensive clinical approaches, introducing the paradigm of Psychosocial Care (Ministério da Saúde [MS], 2022).

According to Gama et al. (2020) there is a conceptual convergence between the ideas of APS and RAPS. This is because they focus on expanding attention to mental suffering, highlighting the importance of the patient's independence, their insertion in society and their permanence in the community. This way, they aim to integrate the health regions in the states in order to expand the scope and effectiveness of the strategies and guidelines adopted by the country to structure the service aimed at people who require specific treatment and care related to mental health, among them, Depressive Disorder Bigger.

Teodoro et al. (2021) recalls the important concepts of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) about the clinical picture that leads to the diagnosis

of Depressive Disorders. Thus, guided by an emotional state of sadness, emptiness or irritability, accompanied by physical and mental changes that significantly impact the individual's ability to perform their normal activities.

According to Brito et al. (2022) the global prevalence of depression in Brazil increased by about 2.6% from 2013 to 2019, being higher in females. Among the Brazilian regions, the South region had the highest prevalence and the lowest North region.

In this context, the present study seeks to discuss the tools and social participants that work in the complexity of the PHC, mainly in what is offered and the resolute conducts related to TDM and the their efficient management that play a vital role in improving the outlook for this public health problem.

## MATERIALS AND METHODS

The present study consists of an integrative exploratory literature review. The integrative review was carried out in six stages: 1) identification of the theme and selection of the research's guiding question; 2) establishment of criteria for inclusion and exclusion of studies and search in the literature; 3) definition of the information to be extracted from the selected studies; 4) categorization of studies; 5) evaluation of studies included in the integrative review and interpretation and 6) presentation of the review (De Souza, 2010).

In the initial stage, to define the research question, the PICO strategy (Acromium for Patient, Intervention, Comparison and Outcome) was used. Thus, the following central question was defined that guided the study: "How does the primary health care approach act in major depressive disorder, and what can be done for the patient?" In it, the P is observed: "Approach to major depressive disorder"; I: "Management of

major depressive disorder”; C: “The role of primary health care?”; O: “What can be done for the patient?”.

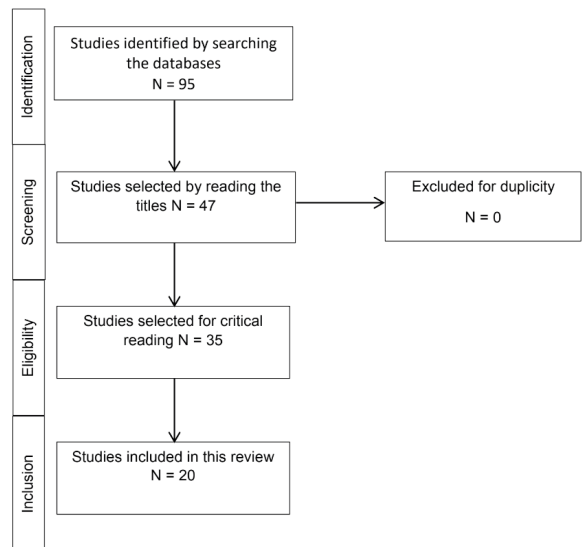
To answer this question, a search was carried out for articles involving the intended outcome using the terminologies registered in the Health Sciences Descriptors (DeCs) created by the Virtual Health Library developed from the Medical Subject Headings of the U.S. National Library of Medicine, which allows the use of common terminology in Portuguese, English and Spanish. The descriptors used were: primary care; major depressive disorder; management. The Boolean operators “and”, “or”, “not”, “e”, “ou”, “não”, “y”, “o bien” and “no” were used to cross the keywords.

A bibliographic survey was carried out through electronic searches in the following databases: Virtual Health Library (BVS), Scientific Electronic Library Online (SciELO), Google Scholar and National Library of Medicine (PubMed).

The search was carried out during the months of July and August of the year 2023. As inclusion criteria, it was limited to articles written in English, Spanish and Portuguese, published in the years 2016 to 2023, which addressed the researched theme and which were electronically available in full format. As exclusion criteria, those articles that were not in Portuguese, Spanish or English, that were not submitted to peer review, that did not focus on major depressive disorder, especially in relation to the role of primary care in the management, therefore, were excluded because they did not meet the criteria.

After the publication survey stage, 95 articles were found, which were analyzed after reading the title and abstract of the publications, considering the previously defined inclusion and exclusion criteria. Following the selection process, 47 articles were selected. Then, the publications were read

in full, paying attention again to the inclusion and exclusion criteria, and 15 articles were not used because they met the exclusion criteria. 20 articles were selected for final analysis and construction of this review. Subsequent to the selection of articles, a listing of the selected works was carried out in order to select the best information for data collection.



**Figure 1:** Organization and selection of documents for this review

**Source:** Research Data, 2023.

## RESULTS AND DISCUSSION

Table 1 summarizes the main articles that were used in this literature review, containing relevant information about them, such as the authors of the study, the year of publication, the title and the methodology of the study carried out.

The present study evaluated 20 works about major depressive disorder, which showed pathophysiological and clinical aspects of the disease, as well as reported cases that were studied and used as a theoretical basis for the construction of medical knowledge. Moreover, the combination of theoretical characteristics and case reports is fundamental for a complete understanding of the natural history of this disease and to support new

Study	Title	Study Methodology
ARAGÃO ET AL. (2018)	Social Support Patterns in Primary Health Care: differences between having physical illnesses and mental disorders.	Cross-sectional cohort
BARROS ET AL. (2022)	Depression and health behaviors in Brazilian adults	Literature review
BRITO ET AL. (2022)	Prevalence of self-reported depression in Brazil: National Health Survey 2019 and 2013	Descriptive Transversal
DARÉ E CAPONI. (2020)	Care for individuals with depression in primary health care	Field research
FERREIRA ET. AL (2017)	Coping with major depressive disorder from the perspective of patients.	Qualitative Transversal
FILHO E BEZERRA. (2018)	Embracement in Mental Health in primary health care: Integrative Review.	Literature review
GAMA ET AL. (2021)	Primary Health Care professionals facing the demands of Mental Health: perspectives and challenges	Qualitative Exploration
GUTIÉRREZ-ROJAS ET AL. (2022)	Prevalence and correlates of major depressive disorder: a systematic review	Literature review
LIMA ET AL. (2017)	Adherence to the use of psychoactives by patients diagnosed with depressive disorders	Retrospective Cohort
LOPES ET AL. (2016)	Inequities in access to depression treatment: results of the Brazilian National Health Survey	Literature review
MS (2022)	Technical Instruction of the Psychosocial Care Network (Raps) in the Unified Health System (SUS)	Technical Instruction
NASCIMENTO E BARBOSA (2022)	Efficacy and safety of Duloxetine compared to other antidepressants available in the SUS for the treatment of major depression: rapid review of evidence.	Literature review
NETO ET AL. (2018)	Risk stratification of chronic conditions in primary health care: the contribution of psychology	Descriptive
ROTOI ET AL. (2019)	Mental health in Primary Care: challenges for resolving actions.	Qualitative Transversal
SAMPAIO E SILVA. (2022)	Potentialities of Matrix Support in Mental Health: Narrative Review of	Literature review
SILVA ET AL. (2018)	Knowledge of the nursing team and community agents about suicidal behavior	Quantitative Descriptive
TASCA ET AL. (2020)	Recommendations for strengthening primary health care in Brazil	Qualitative Transversal
TEODORO ET AL. (2021)	DSM-5 and changes in mood disorders: a critical analysis in the light of psychoanalytic theory. Mental	Literature review
TESSER ET AL. (2018)	Access to care in Brazilian Primary Health Care: situation, problems and overcoming strategies	Literature review
TORRES (2020)	Consumption of antidepressants in adult users of Primary Care of the Unified Health System.	Literature review

**Table 1** – Overview of studies included in this systematic review on major depressive disorder

**Source:** Research Data, 2023.

propaedeutics. Thus, the discussion of clinical reports enables the consolidation of medical knowledge and allows better care to be offered to future patients.

### **THE STRUCTURING OF THE PRIMARY HEALTH CARE MODEL FOCUSED ON MENTAL HEALTH**

Rotoli et al. (2019) states that the purpose of the NASF is to offer support and collaboration to the multidisciplinary, arising the demand to resolve issues both individually and collectively. In this context, with the aim of intensifying the ability to welcome and solve problems in the mental health area, this nucleus emphasizes the importance of uniting knowledge and promoting synergy between team members, who recognize the value of their contribution to care, thus resulting in the improvement of its activities.

From this perspective, the MS (2022) proposes tools such as the Health Project in the Territory and the Singular Therapeutic Project (PTS) that are crucial for planning the mental health situation in the territory through matrix support and expanded clinic. In this context, the RAPS must be able to respond to the demands and needs, from the simplest to the most complex and serious, presented by people with mental disorders and/or with problems resulting from the use of alcohol and other drugs, as well as to your family members. For this purpose, it is composed of several axes in addition to PHC, such as Specialized Care.

Although each component is equally important and complementary, the present study is centered on the performance of Primary Care. Therefore, it is important to understand that this sector is made up of Basic Health Units (UBS); Family Health Teams (ESF) and Street Office Teams (ECR). UBS and ESF play a key role as the first gateway. Due to their wide coverage and the

close relationship they establish with the community, they are responsible for early detection of individuals who show signs of suffering or mental disorders, including those related to the consumption of alcohol and other substances (MS, 2022).

In this context, with regard to the ESF, composed of community health agents, nurses, nursing technicians and physicians, permanent education regarding TDM is essential, in accordance with its capacity to act. According to Silva et. al (2018), it is essential to have the training of these agents in the area of primary care in order to intervene in situations that signal a probable depressive condition. It is not a requirement that these professionals be specialists in the subject; since the objective is to offer appropriate guidance, intervention and referral to specialized services.

Furthermore, Matrix Support, a tool that promotes integration between mental health care and primary health care, demonstrates the potential to optimize care approaches aimed at individuals with mental disorders with major depressive disorder. This is because such a practice has shown remarkable effectiveness in addressing the insecurities, apprehensions and resistance that professionals face in the context of the Psychosocial Care Network. Matrix support moments offer exceptional opportunities in interprofessional meetings, especially between family and community physicians and psychiatrists, in which the explicit benefit in patient management is reported (SAMPAIO; SILVA, 2022).

### **MAJOR DEPRESSIVE DISORDER**

Mild, moderate, or severe Major Depressive Disorder, regardless of the existence of psychotic symptoms, is marked by the presence of a depressed mood state, anhedonia, lack of energy, guilt, low self-esteem, disturbances in sleep or appetite, and difficulty in concentration (BARROS ET AL.,



2017). The prevalence of depression in the Brazilian population is approximately 25%, being more common in women, unemployed people, people with low education and income. In addition, studies have shown that there is a concomitance of depressive and anxious disorders close to 18.4%, showing the importance of always looking for mixed diagnoses in such a situation (ARAGÃO ET AL., 2018).

Furthermore, individuals with depression exhibit a higher occurrence of several behaviors that are harmful to health, such as smoking, alcoholism, physical inactivity and use of illicit substances (BARROS ET AL., 2017). In this context, MDD has a greater impact on public health than comorbidities such as coronary heart disease, rheumatoid arthritis or diabetes mellitus (GUTIÉRREZ-ROJAS ET AL., 2022). It is noted, therefore, that it is a pathology with a high tendency to generate unfavorable health behaviors that, if not interrupted, can lead to several additional problems that can considerably reduce the quality and life expectancy of the individual.

A qualitative cross-sectional study by Ferreira et al. (2017) reveals that the patient's perception of their own disorder is an oscillating and ambivalent process. Since the individual recognizes his fragility and often cannot accept or renounces self-care, seeking help and resuming daily activities. In this regard, Lima et al. (2017) the lack of adherence to treatment is widely recognized as a significant challenge for the health system, resulting in increased expenses with emergency services and medical hospitalizations. Thus, the need for efficient management of this scenario in PHC is clear, since it is often the community's first and most constant contact with the SUS.

## **MANAGEMENT OF MAJOR DEPRESSIVE DISORDER AS A PUBLIC HEALTH PROBLEM IN PRIMARY HEALTH CARE**

Care strategies for individuals diagnosed with depression follow the same demand flow of other forms of mental suffering, such as reception, multidisciplinary consultations, support groups and (DARÉ; CAPONI, 2017). Thus, it is known that the principle of managing mental health as a public health problem in PHC is embracement. This way, a quality receptiveness is of paramount importance to promote an inclusive gateway that encourages the longitudinal follow-up of the community.

With regard to the embracement of disorders such as TDM, Filho & Bezerra (2018) observed challenges among professionals in carrying out this embracement process, especially in dealing with what they heard and understanding the importance of encouraging users to ponder and examine your health problems. In this scenario, dos Santos and Barbosa (2018) emphasize that psychology has the ability to enrich the creation of approaches adapted to the situation, since the role of this professional in PHC is based on the development of changes in the perspectives of the population, either through interventions in group or individual care, and by identifying partners within the community who can contribute in different ways to the health practices of the population.

Support groups are tools that seek to transcend the notion of norms and categorizations, favoring diversity within the group and recognizing the belonging of its members to a common territory. These are meetings that comprise individuals who were previously categorized based on apparently objective criteria, derived from the diagnosis of mild or moderate depression and the continuous use of medication

(DARÉ; CAPONI, 2017). In other studies, such groups were identified as important in combating isolation and improving social relationships, being an alternative care for patients. (ARAGÃO ET AL., 2018). It is noted, therefore, that the final objective is to offer additional support to the conventional treatment of MDD.

From this perspective, it is important to emphasize that, according to Gama et al. 2020, professionals identify an increase in MD demands, but emphasize that they do not have instruments or strategies to quantify and organize this demand. They also notice an increase in the number of users using psychotropic medications, mainly women with complaints of anxiety and depression who use antidepressants and/or benzodiazepines.

With regard to drug therapy for TDM, the National List of Essential Medicines (RENAME) has the drugs amitriptyline and clomipramine, from the tricyclic class and fluoxetine and nortriptyline, selective serotonin reuptake inhibitors and bupropion (atypical) in the basic component of APS (TORRES, 2020). Furthermore, studies show that antidepressants provided by the SUS are similarly effective to others with the same action (NASCIMENTO; BARBOSA, 2022). On the other hand, it is important to emphasize

that the principle of this treatment in PHC is psychosocial, therefore, psychotropic drugs must not be used as an isolated treatment without relation to the patient's longitudinality (TESSER ET AL., 2018).

## CONCLUSION

This review highlights that the main goal of treating TDM is to reach the diagnosis in the early stages, reduce functional disability and reduce relapses, all support tools need to be in synergy in order to improve the quality of life of individuals who live with this condition. disorder. From this perspective, the RAPS, ESF and the principle of continuing education offered by matrix support are the essence of the process of reception, insertion and management of the depressive condition with an abstracted approach of insecurities, apprehensions and resistance on the part of the multidisciplinary team.

In the future, in order to face similar scenarios with excellence, prospective studies and epidemiological analyzes must be carried out, evaluating, more precisely, the results and their different contexts of approach, considering ways of approaching TDM, with the aim of to offer comprehensive, resolute and humanized care for these individuals.

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