MAJOR DEPRESSIVE DISORDER IN ELDERLY PEOPLE AT ESF SANTA BÁRBARA, ARARIPINA-PE

TRANSTORNO DEPRESSIVO MAIOR EM IDOSOS DA ESF SANTA BÁRBARA, ARARIPINA-PE

TRASTORNO DEPRESIVO MAYOR EN PERSONAS MAYORES DE LA ESF SANTA BÁRBARA, ARARIPINA-PE

https://doi.org/10.56238/sevened2025.021-086

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ABSTRACT

Geriatric depression is an emotional disorder that affects a growing number of elderly people around the world. This type of depression is not only manifested by classic symptoms of deep sadness, but it can also express itself in more subtle ways, such as excessive tiredness, irritability, and cognitive difficulties. In a global context, where the elderly population is growing rapidly, the recognition, early diagnosis, and appropriate treatment of geriatric depression become public health issues of great relevance. This work aims to provide guidance on depression and develop programs or activities that promote the mental health and well-being of the elderly, preventing and treating depression in the community. The place where the practice was carried out was at the ESF Santa Bárbara, in the municipality of Araripina-PE. The accomplishment of this work is justified because it is of great relevance to public health and the health of the elderly population in the community. Depression in the elderly is a growing and underdiagnosed public health problem. Often, the symptoms are confused with the normal consequences of aging, which makes it difficult to properly diagnose and treat. The Basic Health Units are the gateway to the health system of many elderly people, which makes them the ideal place for the identification and management of depression. Therefore, reducing this scenario is of paramount importance

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to reverse the increase in mental illnesses and act to promote and ensure the health of the elderly population.

Keywords: Health. Aging. Population. Elderly.

RESUMO

A depressão geriátrica é um transtorno emocional que afeta um número crescente de idosos ao redor do mundo. Esse tipo de depressão não se manifesta apenas pelos sintomas clássicos de tristeza profunda, mas também pode se expressar de formas mais sutis, como cansaço excessivo, irritabilidade e dificuldades cognitivas. Em um contexto global, onde a população idosa cresce rapidamente, o reconhecimento, o diagnóstico precoce e o tratamento adequado da depressão geriátrica tornam-se questões de saúde pública de grande relevância. Este trabalho tem como objetivo orientar sobre depressão e desenvolver programas ou atividades que promovam a saúde mental e o bem-estar de idosos, prevenindo e tratando a depressão na comunidade. O local onde a prática foi realizada foi na ESF Santa Bárbara, no município de Araripina-PE. A realização deste trabalho se justifica por ser de grande relevância para a saúde pública e para a saúde da população idosa na comunidade. A depressão em idosos é um problema de saúde pública crescente e subdiagnosticado. Muitas vezes, os sintomas são confundidos com as consequências normais do envelhecimento, o que dificulta o diagnóstico e o tratamento adequados. As Unidades Básicas de Saúde (UBS) são a porta de entrada no sistema de saúde de muitos idosos, o que as torna o local ideal para a identificação e o manejo da depressão. Portanto, reduzir esse cenário é de suma importância para reverter o aumento das doenças mentais e atuar na promoção e garantia da saúde da população idosa.

Palavras-chave: Saúde. Envelhecimento. População. Idosos.

RESUMEN

La depresión geriátrica es un trastorno emocional que afecta a un número creciente de personas mayores en todo el mundo. Este tipo de depresión no solo se manifiesta con síntomas clásicos de profunda tristeza, sino que también puede manifestarse de formas más sutiles, como cansancio excesivo, irritabilidad y dificultades cognitivas. En un contexto global donde la población de personas mayores crece rápidamente, el reconocimiento, el diagnóstico precoz y el tratamiento adecuado de la depresión geriátrica se convierten en problemas de salud pública de gran relevancia. Este trabajo tiene como objetivo brindar orientación sobre la depresión y desarrollar programas o actividades que promuevan la salud mental y el bienestar de las personas mayores, previniendo y tratando la depresión en la comunidad. El lugar donde se realizó la práctica fue la ESF Santa Bárbara, en el municipio de Araripina, Perú. La realización de este trabajo se justifica por su gran relevancia para la salud pública y la salud de la población mayor de la comunidad. La depresión en las personas mayores es un problema de salud pública creciente y subdiagnosticado. A menudo, los síntomas se confunden con las consecuencias normales del envejecimiento, lo que dificulta su diagnóstico y tratamiento adecuados. Las Unidades Básicas de Salud son la puerta de entrada al sistema de salud para muchas personas mayores, lo que las convierte en el lugar ideal para la identificación y el manejo de la depresión. Por lo tanto, reducir esta situación es fundamental para revertir el aumento de las enfermedades mentales y promover y garantizar la salud de la población adulta mayor.

Palavras-chave: Salud. Envejecimiento. Población. Adultos mayores.

INTRODUCTION

The aging of the population is a global phenomenon, and Brazil is not immune to this trend. With the increase in life expectancy, the health of the elderly becomes increasingly relevant to society. However, alongside advances in medicine and quality of life, aging also brings with it challenges, such as the increased prevalence of chronic diseases and mental disorders. The rapid growth of the elderly population in the country has fostered investments in the area of public health policies and research, in addition to generating a growing demand for specialized training on the part of professionals interested in working or who already work with this population (Garrido, 2002).

Depression is a prevalent mental disorder, affecting about 300 million people globally, and is one of the leading causes of disability worldwide that affects thousands of people (PAHO, 2018). In Brazil, approximately 13% of the population between 60 and 64 years old suffers from depression, according to data from the National Health Survey conducted by the Brazilian Institute of Geography and Statistics (IBGE) in 2019. Aging brings with it specific challenges that can contribute to the emergence or worsening of depression, including social isolation, feelings of worthlessness, and the loss of previously performed social roles (Lourenço, 2024).

Geriatric depression is an emotional disorder that affects a growing number of elderly people around the world. This type of depression is not only manifested by classic symptoms of deep sadness, but it can also express itself in more subtle ways, such as excessive tiredness, irritability, and cognitive difficulties. In a global context, where the elderly population is growing rapidly, the recognition, early diagnosis, and appropriate treatment of geriatric depression become public health issues of great relevance. Depression is a frequent mental illness in the elderly, intensely compromising their quality of life.

Considering that mental illnesses are a broad public health problem, with several implications, it is vital for health professionals to understand the association between the two, as well as to facilitate the access of patients to primary care services with appropriate treatment processes and for the family to have a support network that helps these elderly people to cope with the disease (Izaguirre *et al*., 2019).

The general objective of this study was to improve the quality of life of the elderly with depression, through early detection, accurate diagnosis and appropriate treatment in the FHS Santa Bárbara in the city of Araripina-PE and is justified by the need to promote information about mental illnesses such as depression in the elderly

who attend the Basic Health Units, being the gateway to the health system of many elderly people, which makes it the ideal place for the identification and management of depression.

LITERATURE REVIEW

According to the World Health Organization (WHO, 2015), depression is a common mental disorder, characterized by sadness, loss of interest, absence of pleasure, oscillations between feelings of guilt and low self-esteem; In addition to sleep or appetite disorders, depression causes social and psychological damage, which affect autonomy, freedom and way of life, being related to the worsening of chronic diseases, damage to physical and mental performance and social life.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5, 2014), in its fifth edition, characterizes major depression by the presence of five (or more) of the symptoms listed below, present in the same 2-week period and representing a change in previous functioning; At least one of the symptoms must be: (1) depressed mood or (2) loss of interest or pleasure. In addition to these, there is also significant weight loss or weight gain or change in appetite, insomnia or hypersomnia, psychomotor retardation or agitation, fatigue or low energy, feelings associated with worthlessness, excessive or inappropriate guilt, reduced ability to think or concentrate, or indecision most of the time, recurrent thoughts of death, suicidal ideation.

CLINICAL ASPECTS OF DEPRESSION

Major Depressive Disorder (MDD) is not a natural consequence of aging, but a serious mental health problem that significantly affects the quality of life of seniors. It is important to highlight that depression in the elderly can present differently from younger adults, which makes it difficult to diagnose, especially elderly people in rural areas who may face vulnerabilities due to the difficulties they have, typical of rural areas. It is recurrent that there are limitations related to means of transportation, access to health and other social resources, among other difficulties that may exist as a result of the possible forms of existence and subsistence in these environments, which can generate great impacts on the mental health of this population and compromise their quality of life (Garbaccio *et al*., 2018; Liano *et al*., 2017).

Unlike depression in young adults, depression in the elderly can present atypical symptoms, such as somatic complaints (chronic pain, fatigue) and cognitive changes (memory loss, difficulty concentrating). The diagnosis of depression goes

through several stages: detailed anamnesis, with the patient and with family members or caregivers, thorough psychiatric examination, general clinical examination, neurological evaluation, identification of adverse effects of medications, laboratory and neuroimaging tests. These are precious procedures for the diagnosis of depression, psychopharmacological intervention and prognosis, especially due to the higher prevalence of comorbidities and the higher risk of death. The diagnosis of depression is complex, as it emphasizes a series of symptoms that may be associated with other diseases (Duarte *et al*., 2007; Ramires *et al*., 2009)

In view of this, Primary Health Care (PHC) is the ideal scenario for the preventive approach to psychosocial conflicts and mental disorders, in view of the great potential for establishing a bond between professionals and users, based on a holistic view of the community human being (Sowa, et al., 2018). Public mental health care in Brazil is structured through a network of services called the Psychosocial Care Network (RAPS), which prioritizes community and territorial care. This scenario is the result of a historical process, influenced by the Sanitary, Anti-Sanatorial and Psychiatric Reform movements, in the 1970s and 1980s, which culminated in the creation of the Unified Health System (SUS), which is one of the best in the world (Costa *et al*., 2021).

The underdiagnosis of the disease, due to the scenario of the growth of problems related to the mental health of the elderly in the Family Health Strategy (FHS) Santa Bárbara in Araripina-PE. Depression in the elderly can manifest itself differently from younger adults, and it is necessary to guide and diagnose it assertively. The pathology in question can remain undiagnosed for a long period, aggravating the symptoms and compromising the quality of life of the elderly person.

In elderly patients, in addition to the common symptoms, depression is usually accompanied by somatic complaints, hypochondriasis, low self-esteem, feelings of worthlessness, dysphoric mood, self-deprecating tendency, altered sleep and appetite, paranoid ideation, and recurrent thoughts of suicide. It is worth remembering that in depressed elderly patients the risk of suicide is twice as high as in non-depressed patients (Pearson and Brown, 2000). On the other hand, the practice of physical activity proved to be a significant protective factor to prevent it from evolving to an irreversible clinical condition such as suicide (Maier *et al*., 2021).

The literature reports the most frequent occurrence of depression in people who do not have intimate interpersonal relationships or are divorced or separated, emphasizing that the death of a family member or very important person represents a

life event that triggers the occurrence of depressive conditions (Ramos *et al*., 2019).

In the elderly, the presence of depression maximizes the probability for the onset and evolution of functional disability and need for health care (Tayaa *et al*., 2020). Trajectories of depressive symptoms without recovery can predict functional disability

and mortality in apparently healthy older populations, which highlights the importance of monitoring depressive symptoms in geriatric care (Murphy *et al*., 2016; Tayaa *et al*., 2020).

SYMPTOMS OF DEPRESSION

Common symptoms: Depressed mood, loss of interest in previously pleasurable activities, changes in sleep and appetite, fatigue, feeling of abandonment, feeling of worthlessness, decreased self-esteem, guilt, difficulty concentrating, and suicidal thoughts.

Atypical symptoms: Physical complaints such as chronic pain, digestive problems and breathing difficulties, which can mask depression, psychomotor slowing Psychomotor restlessness.

Comorbidities: It often coexists with other chronic diseases, such as diabetes and heart disease, which further complicates diagnosis and treatment.

Certain neurobiological factors can lead to late-onset depression by increasing the risk and vulnerability of the elderly to depression, such as neuroendocrine alterations (reduced response to thyroid-stimulating hormone), neurotransmitter alterations (reduced serotonergic and noradrenergic activity), vascular alterations and processes of degeneration of cortical and subcortical circuits responsible for the processing and elaboration of affective and emotional life. decreased production of serotonin by the Raphe Nuclei and the decrease in receptors for these neurotransmitters represent factors of vulnerability to depression in the elderly. The association between chronic diseases and depression is bimodal, so that depression can precipitate some diseases (Nóbrega *et al*., 2015)

The general evaluation of the elderly is essential, always looking for endocrine, pathological and other pathologies, a routine of tests is advised: blood count, blood glucose, thyroid hormones, vitamin B12, folic acid, chest X-ray and electrocardiogram. We can also highlight suicide, which currently in Brazil is between 3.5 and 4.0 per 1000 inhabitants. Among the elderly, the ratio of those who attempt and those who commit suicide is 2:1 (Paradela, 2011).

DIAGNOSIS AND TREATMENT

The investigation of depression in the elderly is becoming increasingly important, since it is a very common disease that is often considered a natural consequence of aging, being neglected as a possible indicator of a morbidity that causes serious damage to the quality of life of the elderly and their families and that results in high costs for society in general (Leite *et al*., 2020).

The diagnosis of depression in the elderly is quite low, it is estimated that 50% of depressed elderly people are not diagnosed by health professionals who work in primary care, because the symptoms are similar to the natural aging process (Souza *et al*., 2017).

The diagnosis of depression is clinical based on anamnesis, so it is essential to actively search for symptoms, an investigation of previous depressive episodes, search for symptoms of mania or hypomania, a review of the medications in use, in addition to a careful approach to issues about grief and suicide. The use of neuroimaging has been gaining ground in psychiatric pathologies. Computed tomography and magnetic resonance imaging are useful in the differential diagnosis of tumors, degenerative diseases, and intracranial hemorrhages (Paradela, 2011).

Treatment of depression in all older adults diagnosed with Major Depressive Disorder should be treated; this may be medication, psychotherapy, or both. The association of the two interventions increases the effectiveness of the treatment and reduces the risk of relapse. The minimum duration of treatment with therapeutic doses of antidepressants should be between six and nine months for cases of first episode, two to four years for the second, and continued treatment should be considered for cases of severe second episode or for cases of third or more recurrence or relapse (Areán *et al*., 2010).

In view of this, geriatric depression should be investigated for several reasons, since, when not treated properly, it can bring a series of impacts to the physical, emotional and social health of the elderly. Investigating is essential, as early treatment improves well-being, prolonging life with higher quality.

Family risk or vulnerability

The assessment of the vulnerability of the families, through risk stratification, is fundamental in the planning of the health team's actions. To systematize home visits in

Primary Health Care (PHC), the Coelho-Savassi Family Risk Scale (ERF-CS) can be used.

The Coelho-Savassi Family Risk Scale is a family risk stratification instrument developed in the municipality of Contagem, Minas Gerais, and was based on form A of the Primary Care Information System (SIAB). It makes it possible to determine the social and health risk of families enrolled in a health team, reflecting the potential for illness of
each family nucleus.

The family risk stratification instrument consists of 13 risk sentinels, of which 11 are considered to be of an individual nature: bedridden people, physical disability, mental disability, drug addiction, unemployment, illiteracy, children under six months, elderly people over 70 years of age, people with systemic arterial hypertension and diabetes mellitus. The other two sentinels, of social risk, correspond to the low sanitation conditions and the resident/room ratio (Nakata et al, 2013).

Based on the sum of the scores of the risk sentinels, the family risk classification is performed (Chart 02), as follows: score less than four = no risk (R0), scores between 5 and 6 = lower risk (R1), between 7 and 8 = medium risk (R2) and above 9 = maximum risk (R3).

METHODOLOGY

The methodology adopted is a qualitative study, targeting the elderly in the community, through community intervention, based on an intervention project whose objective was focused on the promotion and health prevention of Major Depressive Disorder in the elderly, in the ESF Santa Bárbara, located in the municipality of Araripina-PE. Thus, providing integral individual enrichment and community participation for its development.

For the survey, the PubMed - *Public Medline,* SciELO - *Scientific Electronic Library Online* databases were consulted.The Ministry of Health database, PubMed, SciELO, used the descriptors in Portuguese with results also in English: "depression in the elderly" and "symptoms and treatment".

For data collection, the abbreviated Geriatric Depression Scale (GDS-15) and the Coelho-Savassi Family Risk Scale – ERF-CS, also called the family vulnerability scale, were used. The inclusion criteria were people of both sexes, aged 60 years or older, assisted by the FHS, who are registered at the UBS, and the exclusion criteria were people under 60 years of age and not registered.

To carry out the intervention project, the problem was identified using the geriatric depression scale, a questionnaire with 15 questions with objective answers about the feeling that the elderly person has felt in recent weeks, to ascertain the presence of depression. The action aimed to increase the degree of information about the disease, prevention measures were presented, folder for a better understanding of the elderly population about depression.

RESULTS AND DISCUSSION

According to the WHO (2018), depression is considered a serious public health problem and it is estimated that 154 million people are affected worldwide. In Brazil, the prevalence of depressive symptoms in this population varies between 21.1% and 61.6% in different regions of the country. Several risk factors for depression in the elderly have been identified, such as low socioeconomic status, advanced age, reduced mobility and negative family interactions, and lack of information.

The Geriatric Depression Scale (known as GDS) is one of the most frequently used instruments for detecting depression in the elderly. Several studies have shown that the GDS offers valid and reliable measures for the evaluation of depressive disorders and has been used more and more frequently.

In the scenario with the 20 elderly people who were present at the ESF Santa Bárbara, who filled out the questionnaire, 9 presented within the normality scale, without depression; 7 indicated mild depression and 4 had severe depression.

The prevalence of women in the filters applied to carry out the tests, with 14 women and only 6 men in the area covered by the Family Health Strategy. The female majority can be explained by two factors, the number of the female population in Brazil is greater than the male one, in addition, the second factor would be the reduced life expectancy of men, which consequently reduces the number of men more rapidly with advancing age.

The Coelho-Savassi Family Risk Scale (ERF-CS) was applied to the 20 patients, and most individuals were classified as Risk 1 (R1), which corresponds to lower vulnerability, a total of 12 people (60%). The second most prevalent is Risk 3 (R3), respective to maximum vulnerability, with 3 people (15%). The third most prevalent risk was Risk 0 (R0), of usual vulnerability, with 5 people (25%). 73.3% of the individuals have some type of family risk, ranging from the lowest to the most vulnerable.

FINAL CONSIDERATIONS

The action was attended by 20 elderly patients, medical students, the UBS nurse, dentist and Community Health Agents to provide information about the disease, talk about prevention, the importance of the doctor and the multidisciplinary team, symptoms, causes, raising awareness of the importance of the theme.

Thus, the intervention is precisely to minimize the risk of increased major depression in the elderly, which can happen for various reasons and need to be monitored. Health education and mobilizations involving the community are important to combat the increase in depression in the elderly.

The main causes are the high rate of widowhood and social isolation among those over 60 years of age and estrogen deprivation contribute to women being more vulnerable to the development of mental disorders in old age; The occurrence of family grief and cognitive impairment are other factors strongly associated with the occurrence of depression in the elderly. Absence of a job, activity, someone to talk to.

Therefore, due to the fact that depression is a potentially lethal disease, since in severe cases there is a continuous risk of suicide and the factors that cause depression in old age, it is sought to provide the elderly with mental health actions in the local community in order to promote depression treatment, guide the elderly and offer them knowledge about depression. The elderly who lead the ranking of those most affected by depression. According to the latest National Health Survey, carried out in 2019 by the Brazilian Institute of Geography and Statistics (IBGE), the disease affects about 13% of the population between 60 and 64 years of age. Around the world, the disorder affects, on average, 264 million people of all ages. (USP, 2021).

Finally, it is necessary for Brazil to increase health actions, surveillance and accessibility to health services, in order to reduce the occurrence of cases, because although the family is suspicious, the diagnosis must be clinical.

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