

## THE IMPORTANCE OF EARLY DETECTION OF ANXIOUS AND DEPRESSIVE SYMPTOMS IN OLDER ADULTS IN PRIMARY HEALTH CARE

### A IMPORTÂNCIA DA DETECÇÃO PRECOCE DE SINTOMAS ANSIOSOS E DEPRESSIVOS EM IDOSOS NA ATENÇÃO PRIMÁRIA À SAÚDE

### LA IMPORTANCIA DE LA DETECCIÓN TEMPRANA DE SÍNTOMAS ANSIOSOS Y DEPRESIVOS EN PERSONAS MAYORES EN LA ATENCIÓN PRIMARIA DE SALUD



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**Rafaella Antunes Fiorotto de Abreu<sup>1</sup>, Lívia Cavalcante de Araújo<sup>2</sup>, Ana Luiza Silva Teixeira<sup>3</sup>, Isabela Nunes Tavares<sup>4</sup>, Nyanne Deusdara Escobar<sup>5</sup>, Ianka Lustosa Resplande<sup>6</sup>, Marcela de Souza Sotto Mayor<sup>7</sup>, Maykon Jhuly Martins de Paiva<sup>8</sup>**

#### ABSTRACT

Considering the accelerated aging of the Brazilian population and the impact of mental disorders on older adults' functionality and quality of life, early detection of anxious and depressive symptoms is essential in Primary Health Care. This study aimed to identify the prevalence of depressive symptoms among older adults assisted at a Primary Health Care Unit in Gurupi, Tocantins, Brazil, using the Geriatric Depression Scale (GDS). This is a cross-sectional, observational, quantitative study conducted with 24 older adults aged 65 to 84 years. Data were analyzed using descriptive and inferential statistics, adopting a 5% significance level. The overall prevalence of depressive symptoms was 45.8%, with a predominance of mild cases. No statistically significant associations were observed between sex or age and GDS scores. These findings reinforce the importance of standardized mental health screening tools in Primary Health Care to enable early identification and timely interventions. Systematic screening contributes to comprehensive care and prevention of disease progression.

**Keywords:** Older Adults. Depression. Anxiety. Primary Health Care. Early Diagnosis.

<sup>1</sup> Graduated in Medicine. Universidade de Gurupi (UnirG). E-mail: rafaella.fiorotto@hotmail.com  
Orcid: <https://orcid.org/0000-0001-7206-7456>

<sup>2</sup> Specialist in Family and Community Medicine. Universidade de Gurupi (UnirG).  
E-mail: livia.lca.cavalcante@gmail.com Orcid: <https://orcid.org/0000-0002-1325-1883>

<sup>3</sup> Graduated in Medicine. Universidade de Gurupi (UnirG). E-mail: analuizateixeira0109@gmail.com  
Orcid: <https://orcid.org/0009-0009-3827-8984>

<sup>4</sup> Graduated in Medicine. Universidade de Rio Verde. E-mail: isabelatavares712@gmail.com  
Orcid: <https://orcid.org/0000-0002-6339-6220>

<sup>5</sup> Graduated in Medicine. Universidade de Gurupi (UnirG). E-mail: nayannedeusdara@gmail.com  
Orcid: <https://orcid.org/0000-0003-3211-4451>

<sup>6</sup> Graduated in Medicine. Universidade de Rio Verde. E-mail: aknai@hotmail.com  
Orcid: <https://orcid.org/0009-0005-1558-0727>

<sup>7</sup> Specialist in Family and Community Medicine. Universidade de Gurupi (UnirG).  
E-mail: marcelassmayor@gmail.com Orcid: <https://orcid.org/0009-0002-9993-9095>

<sup>8</sup> Dr. in Pharmaceutical Sciences. Universidade de Gurupi (UnirG). E-mail: maykonjhulyfm@gmail.com  
Orcid: <https://orcid.org/0000-0002-6228-4550>

## RESUMO

Considerando o envelhecimento acelerado da população brasileira e o impacto dos transtornos mentais na funcionalidade e qualidade de vida dos idosos, a detecção precoce de sintomas ansiosos e depressivos torna-se essencial na Atenção Primária à Saúde. Este estudo objetivou identificar a prevalência de sintomas depressivos em idosos atendidos em uma Unidade Básica de Saúde do município de Gurupi-TO, utilizando a Escala de Depressão Geriátrica (GDS). Trata-se de um estudo observacional, transversal e quantitativo, realizado com 24 idosos, com idades entre 65 e 84 anos, acompanhados pela Estratégia Saúde da Família. Os dados foram analisados por estatística descritiva e inferencial, adotando-se nível de significância de 5%. Observou-se prevalência global de sintomas depressivos de 45,8%, com predominância de quadros leves. Não foram identificadas associações estatisticamente significativas entre sexo ou idade e a pontuação na GDS. Os achados reforçam a importância da utilização de instrumentos padronizados na rotina da Atenção Primária, permitindo a identificação precoce de sintomas depressivos e o planejamento de intervenções oportunas. Conclui-se que o rastreamento sistemático da saúde mental do idoso contribui para a integralidade do cuidado e para a prevenção da progressão dos transtornos mentais.

**Palavras-chave:** Idoso. Depressão. Ansiedade. Atenção Primária à Saúde. Diagnóstico Precoce.

## RESUMEN

Considerando el envejecimiento acelerado de la población brasileña y el impacto de los trastornos mentales en la funcionalidad y calidad de vida de las personas mayores, la detección temprana de síntomas ansiosos y depresivos es esencial en la Atención Primaria de Salud. Este estudio tuvo como objetivo identificar la prevalencia de síntomas depresivos en personas mayores atendidas en una Unidad Básica de Salud en Gurupi, Tocantins, Brasil, utilizando la Escala de Depresión Geriátrica (GDS). Se trata de un estudio observacional, transversal y cuantitativo realizado con 24 personas mayores de entre 65 y 84 años. Los datos se analizaron mediante estadística descriptiva e inferencial, con un nivel de significancia del 5%. La prevalencia global de síntomas depresivos fue del 45,8%, predominando los cuadros leves. No se observaron asociaciones estadísticamente significativas entre sexo o edad y la puntuación en la GDS. Los resultados refuerzan la importancia del cribado sistemático de la salud mental en la Atención Primaria para garantizar una atención integral y preventiva.

**Palabras clave:** Personas Mayores. Depresión. Ansiedad. Atención Primaria de Salud. Diagnóstico Precoz.

## 1 INTRODUCTION

Population aging is one of the main contemporary challenges for health systems, especially in developing countries. In Brazil, the growth of the elderly population has been accompanied by an increase in the prevalence of chronic non-communicable diseases and common mental disorders, such as anxiety and depression, which directly impact the functionality, autonomy, and quality of life of this population (IBGE, 2023; World Health Organization, 2021).

Depression in the elderly often presents atypical clinical manifestations, which can be confused with physiological changes of aging or with symptoms resulting from clinical comorbidities, which contributes to underdiagnosis, especially in the context of Primary Health Care. It is estimated that a significant portion of depressive conditions in the elderly are not identified early, delaying therapeutic interventions and increasing the risk of worsening the clinical condition (Aguiar *et al.*, 2022).

In this scenario, Primary Health Care assumes a strategic role in the early identification of mental health problems, as it is the main gateway for users to enter the Unified Health System. Multiprofessional action, combined with the use of standardized screening instruments, allows for a comprehensive and problem-solving approach to elderly care (Brasil, 2001).

Studies developed in the field of health care for the elderly emphasize the importance of integrated clinical strategies, which consider not only biological aspects, but also psychosocial, functional and medication-related factors. In this context, the relevance of pharmaceutical care and longitudinal clinical follow-up as fundamental components of comprehensive care for the elderly is highlighted (Faria; Paiva, 2021).

Therefore, the present study aimed to identify the prevalence of depressive symptoms in elderly people treated at a Basic Health Unit in the city of Gurupi-TO, using the Geriatric Depression Scale as a screening instrument.

## 2 THEORETICAL FRAMEWORK

### 2.1 MENTAL HEALTH OF THE ELDERLY IN PRIMARY HEALTH CARE

Primary Health Care is recognized as the most appropriate level of care for the early identification of mental disorders in the elderly, due to the longitudinal link established between health professionals, users and their families. Early detection of anxious and depressive symptoms allows for timely interventions, reducing hospitalizations, functional decline, and associated mortality (World Health Organization, 2021).

However, the approach to the mental health of the elderly still faces challenges, such as the limitation of time in consultations, the prioritization of physical complaints, and the stigma associated with mental disorders. These factors contribute to the underestimation of emotional symptoms, especially when they are mild or nonspecific (Cunha; Bastos; Duca, 2012).

The literature indicates that factors such as social isolation, affective losses, the presence of multiple comorbidities, and the use of multiple medications are strongly associated with the development of depressive symptoms in the elderly, reinforcing the need for a comprehensive and multiprofessional approach (Rosa; Lisbon; Tomaz, 2019).

## 2.2 SCREENING INSTRUMENTS AND COMPREHENSIVE CARE FOR THE ELDERLY

Among the instruments available for screening depression in the elderly, the Geriatric Depression Scale (GDS) stands out for its wide use, validity and ease of application in the context of Primary Care. Developed by Yesavage et al. (1983), the GDS has good sensitivity and specificity for the identification of depressive symptoms, including in mild cases.

The use of standardized instruments should be associated with integrated clinical strategies that consider the context of the elderly's life and promote longitudinal care. Studies on pharmaceutical health care for the elderly show that continuous clinical follow-up contributes to the identification of mental health problems, improved therapeutic adherence and reduction of negative outcomes related to the use of medications (Faria; Paiva, 2021).

In addition, recent experiences in the field of pharmaceutical services and primary care demonstrate that the qualification of health professionals and the adoption of evidence-based clinical practices are fundamental for facing complex situations, such as those experienced during the COVID-19 pandemic, reinforcing the importance of clinical reasoning and comprehensive care in vulnerable populations, including the elderly (Silva; Paiva, 2021).

Thus, the integration between systematic screening, multiprofessional action and longitudinal follow-up is an essential strategy for the promotion of mental health of the elderly in Primary Health Care.

## 3 METHODOLOGY

### 3.1 STUDY DESIGN

This is an observational, cross-sectional, quantitative study, developed within the scope of Primary Health Care. This design was chosen because it allows the estimation of the prevalence of depressive symptoms in a specific population, in a given period, in addition to allowing the exploratory analysis of associations between sociodemographic variables and

the scores obtained on the scale used.

### 3.2 PLACE OF STUDY

The study was carried out at the Pedroso Basic Health Unit (UBS Ulisses Moreira Milhomem), located in the municipality of Gurupi, state of Tocantins, Brazil. The UBS is part of the Family Health Strategy and serves the enrolled population mostly composed of elderly people with regular follow-up for chronic conditions, which makes it an appropriate setting for studies focused on the mental health of the elderly in Primary Care.

### 3.3 POPULATION AND SAMPLE

The study population consisted of elderly people treated at the UBS Pedroso, aged 60 years or older. The sample consisted of 24 elderly people, aged between 65 and 84 years, selected by convenience, according to spontaneous demand and attendance at consultations during the collection period.

The sample size reflects the operational characteristics of the service and the exploratory nature of the study, and is compatible with investigations carried out in Basic Health Units.

### 3.4 INCLUSION AND EXCLUSION CRITERIA

The following inclusion criteria were adopted:

- age 65 years or older;
- be under clinical follow-up at UBS Pedroso;
- present preserved cognitive conditions for understanding and responding to the instrument;
- voluntarily agree to participate in the study, by signing the Informed Consent Form (ICF).

The following were excluded from the study:

- elderly people under the age of 65;
- individuals with previously diagnosed severe cognitive impairment;
- patients who refused to participate or did not complete the application of the instrument;
- elderly people who were unable to respond to the scale due to clinical limitations at the time of collection.

### 3.5 DATA COLLECTION INSTRUMENT

Data collection was carried out using the Geriatric Depression Scale (GDS), a widely validated instrument used to screen for depressive symptoms in the elderly. The GDS is composed of dichotomous questions (yes/no), easy to understand, allowing quick and appropriate application to the context of Primary Health Care.

The total score of the scale was used to classify the participants into categories of normality, mild depression or severe depression, according to cutoff points described in the literature.

### 3.6 DATA COLLECTION PROCEDURES

Data collection took place from February to October 2025, during the routine care of the elderly at the UBS. Eligible participants were invited to participate in the study after clarification about the objectives, procedures, and ethical aspects of the research. The application of the GDS was carried out in a private environment, by a trained professional, ensuring comfort, confidentiality and minimization of possible embarrassment. Each application lasted an average of 5 to 15 minutes. The information was recorded anonymously, using numerical codes to identify the participants.

### 3.7 DATA ANALYSIS

The collected data were organized in an electronic spreadsheet and later analyzed using the Statistical Package for the Social Sciences (SPSS) software, version 25.0. Initially, descriptive statistical analysis was performed, with calculation of means, standard deviations, absolute and relative frequencies.

For inferential analysis, the following were used:

- Student's t-test (or Welch's t-test) to compare means between groups;
- Fisher's exact test for analysis of associations between categorical variables;
- Spearman's correlation coefficient for evaluating the association between age and GDS score.

The significance level adopted was 5% ( $p < 0.05$ ). Whenever relevant, 95% confidence intervals and effect size measures were calculated, aiming at a better interpretation of the results.

### 3.8 ETHICAL ASPECTS

The study was conducted in accordance with the ethical principles that govern

research involving human beings, according to Resolution No. 466/2012 of the National Health Council. The confidentiality of the information, the privacy of the participants and the right to withdraw at any time were ensured, without prejudice to the care at the health unit.

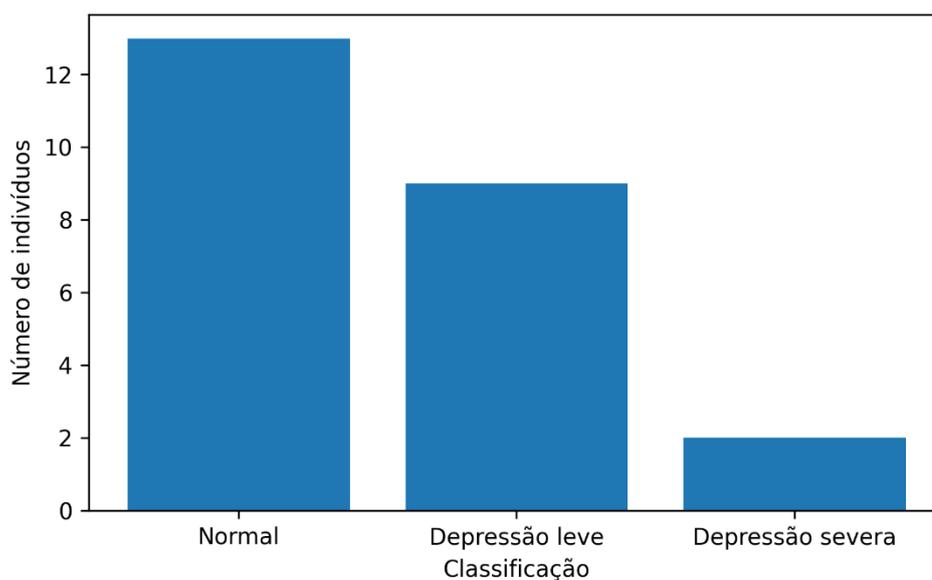
#### 4 RESULTS AND DISCUSSIONS

The overall prevalence of depressive symptoms identified in this study was 45.8%, with a predominance of mild conditions, evidencing depression as a frequent and often silent condition among elderly people monitored in Primary Health Care. This finding reinforces the clinical and epidemiological relevance of the theme, since a significant portion of individuals present psychological distress that is potentially underdiagnosed in the context of routine care.

Figure 1 illustrates the distribution of the elderly according to the classification of the Geriatric Depression Scale (GDS), showing that 54.2% of the participants were classified within the normal range, while 37.5% had mild depression and 8.3% severe depression. The predominance of mild conditions is of special clinical importance, as it indicates a population in the initial stage of mental illness, in which early interventions can modify the course of the disease.

#### Figure 1

*Distribution of the elderly according to the classification of the Geriatric Depression Scale (GDS) in individuals treated at the Pedroso Basic Health Unit, Gurupi-TO*



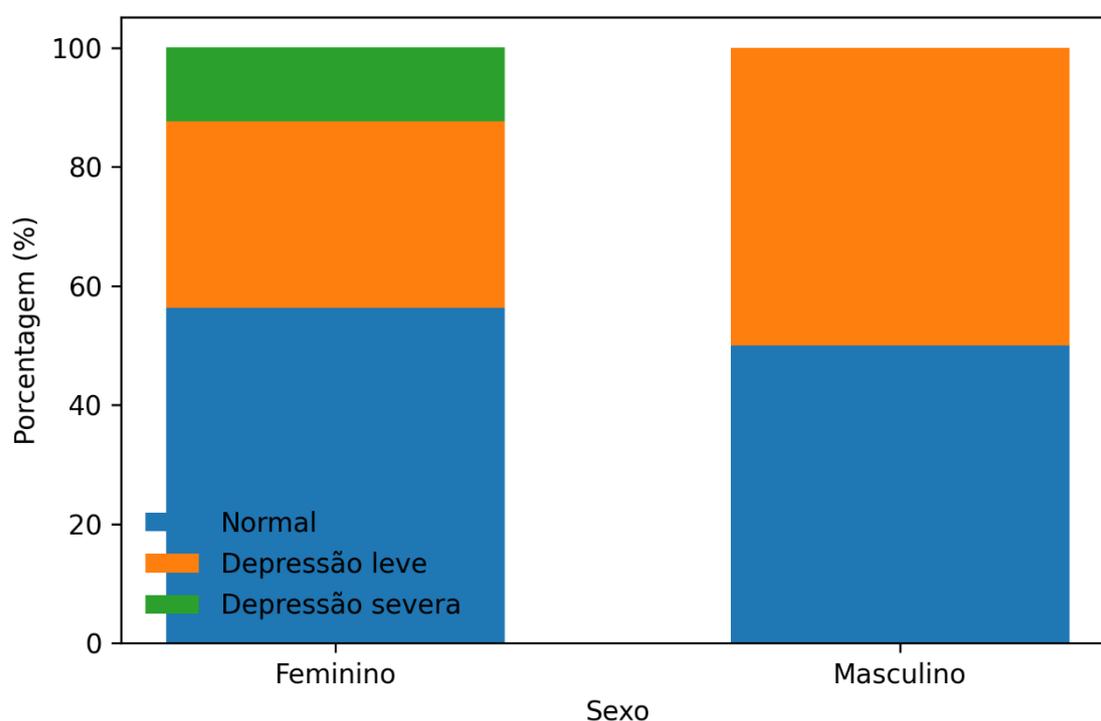
Source: Survey data (2026)

When the data were stratified by sex, it was observed that 50.0% of men had mild depression, while among women 56.3% had a score compatible with normality and 12.5%

were classified as having severe depression. Figure 2 shows the mean GDS score according to gender, with no statistically significant differences identified between men and women. These findings were confirmed by both *Welch's t-test* and the *Mann–Whitney test* ( $p > 0.05$ ), with an effect size considered small (*Hedges' g* = 0.30), suggesting low practical relevance of this difference in the sample studied.

### Figure 2

*Percentage distribution of depression diagnoses according to gender in elderly people treated at the Pedroso Basic Health Unit, Gurupi-TO, according to the Geriatric Depression Scale (GDS)*

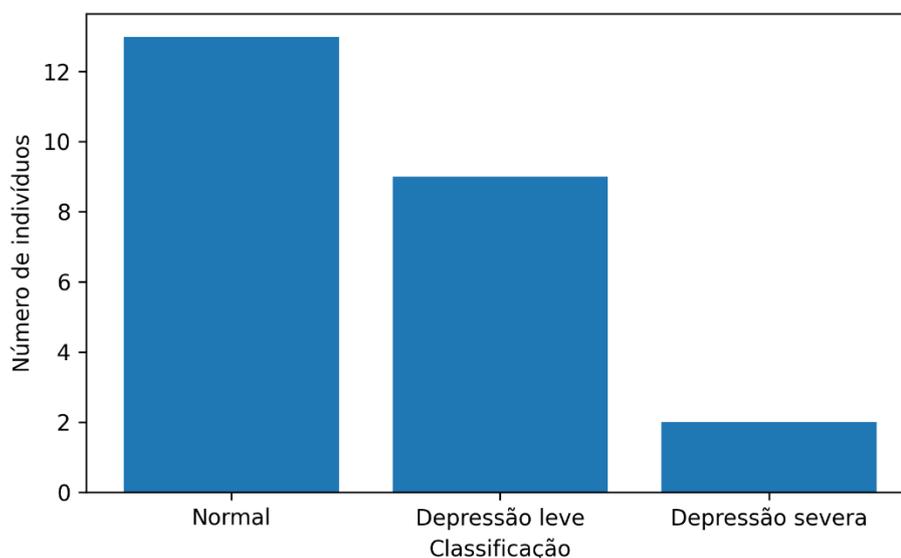


Source: Survey data (2026)

The analysis of the correlation between age and GDS score, performed using Spearman's coefficient, did not show a significant association ( $\rho = 0.095$ ;  $p = 0.66$ ), indicating that the intensity of depressive symptoms was not directly related to chronological age in the population evaluated. Figure 3 summarizes the mean GDS score according to gender, reinforcing the absence of relevant differences between the groups analyzed.

**Figure 3**

Mean score of the Geriatric Depression Scale (GDS) according to gender in elderly people treated at the Pedrosa Basic Health Unit, Gurupi-TO



Source: Survey data (2026).

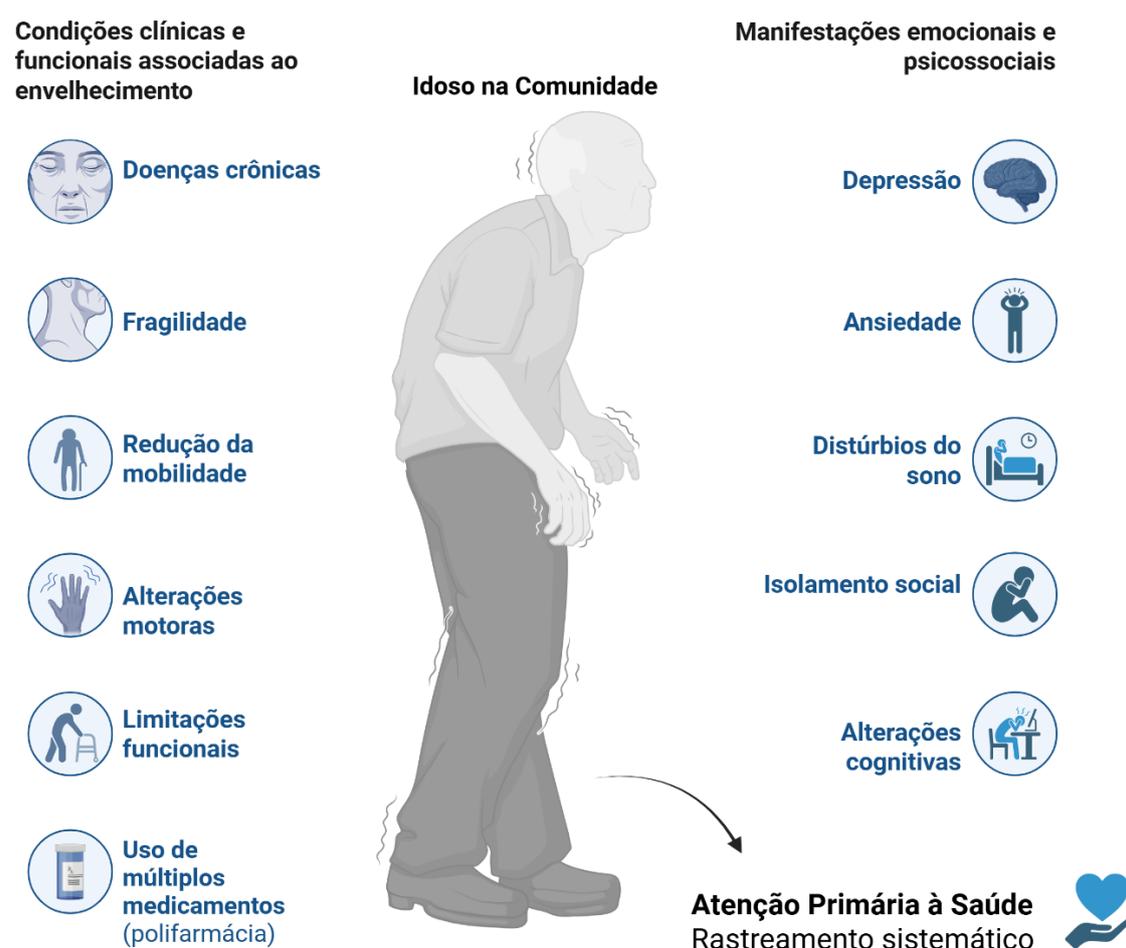
The prevalence of depressive symptoms, defined as a GDS score  $\geq 6$ , was 45.8% (95%CI: 27.9–64.9). Among women, the prevalence was 43.8% (95%CI: 23.1–66.8), while among men it was 50.0% (95%CI: 21.5–78.5). Fisher's exact test indicated no statistically significant association between gender and the presence of depressive symptoms ( $p = 1.00$ ), with an odds ratio for depression in females of 0.78 (95%CI: 0.14–4.27).

A meta-analysis of epidemiological surveys estimated a global prevalence in the elderly at around 35.1%, evidencing the magnitude of the problem worldwide and emphasizing that versions and cut-off points of the Geriatric Depression Scale (GDS) significantly influence the estimates (Cai *et al.*, 2023). This variability reinforces the need to interpret the findings in the light of the instrument used and the clinical profile of the population served. The predominance of mild conditions observed in the UBS is clinically relevant because subclinical or mild symptoms are not "benign": there is robust evidence that subthreshold depression is associated with a higher risk of progression to major depression. A systematic review and longitudinal meta-analysis estimated that individuals with subthreshold depression have approximately twice the risk of developing major depression over the course of follow-up (Lee *et al.*, 2019). This finding supports the discussion that screening in PHC should not be limited to identifying only severe cases, as the window of opportunity for prevention and intervention occurs precisely in the initial stages. Figure 4 presents a conceptual model that integrates the main clinical and functional conditions associated with aging, as well as the emotional and psychosocial manifestations frequently

related to depression in community-dwelling older adults. The scheme highlights the central role of Primary Health Care as a strategic level for the systematic screening of these symptoms, considering that factors such as multimorbidity, frailty, functional limitations, and polypharmacy coexist with emotional manifestations, such as depression, anxiety, sleep disorders, social isolation, and cognitive changes. This integrated approach contributes to the understanding of the multifactorial character of depression in aging and reinforces the importance of standardized screening instruments in the routine of services, favoring early identification and the organization of adequate care flows for the comprehensive care of the elderly.

#### Figure 4

*Conceptual representation of the clinical and functional conditions associated with aging and the emotional and psychosocial manifestations related to depression in the elderly in the community, highlighting the role of Primary Health Care in systematic screening*



Source: Prepared by the authors. (2026)

In addition, depression in old age usually presents a distinct clinical expression, with a greater presence of somatic complaints, cognitive alterations and reduced interest, which can

make it difficult to recognize when care is based only on spontaneous demand (Fiske; Wetherell; Gatz, 2009). This characteristic helps to explain why, in practice, many cases go unnoticed and why screening instruments play a decisive role in the comprehensive care of the elderly.

In the present study, no statistically significant associations were observed between gender or age and the GDS score. This result is compatible with the contemporary understanding that determinants such as multimorbidity, social isolation, frailty, affective losses, low income, and access barriers may exert a greater weight on depressive symptoms than isolated demographic variables, especially in small samples and PHC services. International studies also show that the prevalence tends to be particularly high in contexts of greater clinical and social vulnerability; for example, a meta-analysis with multimorbid older adults found a prevalence close to 46.7%, a value very similar to that observed in this study, suggesting that disease burden and clinical complexity may "approximate" local prevalences to the highest estimates described in the literature (Pundhir *et al.*, 2025).

From the point of view of clinical practice and health policy, it is important to discuss underdiagnosis. Evidence indicates that depression is often under-recognized in adult and older populations, including in middle-income countries. A Brazilian population study pointed to high underdiagnosis, with a significant share of cases not recognized by services/professionals, associated with sociodemographic and access factors (Faisal-Cury *et al.*, 2022). Although its study is local and cross-sectional, the high prevalence of symptoms and the predominance of mild cases are consistent with this scenario: when structured screening is not used, the tendency is for the most subtle cases not to be identified early.

In this sense, the choice of GDS is technically defensible for PHC because it was designed to reduce the interference of common somatic symptoms in aging, favoring clinical applicability. Evidence shows that short versions of the GDS can help PHC teams identify older adults with clinically relevant symptoms, with adequate performance depending on the cutoff point and the version used (D'Ath *et al.*, 1994). In the Brazilian context, validity studies in primary care indicate good accuracy for versions such as GDS-15 at appropriate cut-off points, reinforcing the feasibility of screening at UBS (Castelo *et al.*, 2010). Thus, its findings strengthen the argument that structured screening is a feasible, low-cost, and potentially effective strategy to reduce clinical invisibility of depressive symptoms in the elderly.

In addition, international guidelines and documents have emphasized the importance of timely recognition of mental health conditions in the elderly and of community and integrated care strategies. The WHO emphasizes that management must be integrated with the health needs, personal care and social support of the elderly, with special attention to

factors such as loneliness and isolation (World Health Organization, 2025). In addition, recommendations for screening for depression in adults (including older adults) in primary care are presented in guidelines such as those of the USPSTF, highlighting the value of screening when there are systems for diagnosis and follow-up (USPSTF, 2023). These international references help to support that screening, by itself, should be connected to care flows (reception, clinical evaluation, follow-up and referral when necessary).

Finally, the limitations must be explained in a transparent manner: the small sample size and selection by convenience limit generalization; the cross-sectional design prevents causal inference; and the absence of variables such as schooling, income, multimorbidity, polypharmacy, and social support restricts multivariate analyses. Even so, the study contributes with local evidence applied, reinforcing that screening with GDS in PHC can reveal a significant proportion of elderly people with depressive symptoms, especially mild ones, who represent a priority group for prevention, longitudinal care and timely psychosocial interventions.

## 5 CONCLUSION

The results of this study show a high prevalence of depressive symptoms among elderly people treated in Primary Health Care, with a predominance of mild conditions, configuring a scenario of relevant impact on public health.

These findings reinforce depression as a frequent and underdiagnosed condition in the elderly population, with potential negative repercussions on functionality, autonomy and quality of life, demanding organized and systematic responses from health services.

The predominance of mild symptoms reveals an important window of opportunity for early interventions in the context of Primary Health Care. The routine incorporation of standardized screening instruments, such as the Geriatric Depression Scale, is a viable, low-cost strategy with a high potential for population impact, allowing the timely identification of cases that could progress to more severe conditions in the absence of adequate follow-up.

From the point of view of public policies, the findings reinforce the need to strengthen mental health actions in the Family Health Strategy, with emphasis on the training of multiprofessional teams, the organization of care flows for longitudinal follow-up, and articulation with the Psychosocial Care Network. The early detection of depressive symptoms should be recognized as a strategic priority of health policies, contributing to the promotion of healthy aging, the reduction of inequalities and the strengthening of comprehensive care for the elderly population.

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