





PREVALENCE OF DEPRESSION AND CLINICAL ASSOCIATIONS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS IN A TERTIARY HOSPITAL FROM NORTHEAST BRAZIL

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BACKGROUND

Systemic Lupus Erythematosus (SLE) is a chronic autoimmune disease that occurs intermittently with periods of exacerbation and remission. Neuropsychiatric disorders including depression are common clinical manifestations of SLE. This study aimed to determine the prevalence of depression and evaluate the association between depression and clinical parameters of SLE.

MATERIALS AND METHODS

We conducted a cross-sectional study with patients classified as having SLE according to the 1987 SLE criteria of the American College of Rheumatology (ACR) or the SLICC (Systemic Lupus Erythematosus international collaborating clinics) of 2012. Clinical and sociodemographic data was collected by interviews. For the diagnosis of depression, DSM-V (Diagnostic and Statistical Manual of Mental Disorders - 5th edition) and HADS-D (Hospital Anxiety and Depression Scale – depression) questionnaires were used, while the BDI-II (Beck Depression Inventory II) was applied to evaluate the intensity of depression symptoms.

RESULTS

Fifty-nine (59) patients were included in the study, of which 51 women and 8 men. The median age was 35 years (range 21-71). Twenty-four patients (40.67%) had depression according to DMS-V and 20 (33.89%) according to HADS-D. The body mass index (BMI) of the patients with depression by DSM-V was significantly higher (p=0.0082). Also, patients with depression had greater values of the visual analogic scale (VAS) for pain (p= 0.0001), morning stiffness (p= < 0.0001), fatigue, p= < 0.0001) and for patient global evaluation (p = 0.0180). The patients with depression according to HADS-D had lower median of years of education than patients with no depression (p=0.0325), and also presented higher values of BMI (p=0.0281), mean blood pressure (p=0.0203) and VAS score for pain (p=0.0034), morning stiffness (p=0.0056), fatigue (p=0.0078) and for patient global evaluation (p=0.0143; r=0.4932), VAS score for pain (p=0.0445; r= 0.4538), for patient global evaluation (p=0.0007; r= 0.6938) and with years of education (p=0.0243; r= -0.4584).

In patients with depression according to HADS-D, BDI-II scores correlated with age (p=0.0256; r=0.4975) and with VAS for pain (p=0.0018; r=0.6833), for fatigue (p=0.0228; r=0.5327) and for patient global evaluation (p=0.0309; r=0.5093).

CONCLUSION

Depression might be present in patients with systemic lupus erythematosus. Patients with this condition are suggested to have worse clinical parameters such as BMI, blood pressures and scores of visual analogic scales. Rheumatologists have to be aware of this condition when assessing lupus patients in daily clinical practice.