



Depression in patients treated in a mental health service: prevalence and associated factors


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Objective: to estimate the prevalence of depression in patients seen at a Psychosocial Care Center, to identify socio-demographic factors and nursing diagnoses associated with the outcome. **Method:** a cross-sectional study, conducted between January and June 2018, on 370 medical records of patients attended, from 2002 to 2016, in a Psychosocial Care Center in a city in the north of Minas Gerais, Brazil. With the help of an instrument, clinical, sociodemographic and nursing diagnosis data were collected. The Nursing diagnoses were validated by specialists with support in Risner's diagnostic reasoning. Descriptive, bivariate and logistic regression analyses were performed. **Results:** of the 370 patients, 57 (15.4%) presented depression. The majority (53.2%) were female and the average age was 36 years. Priority Nursing diagnoses among patients with depression were: depressed mood (100%), crisis (68.4%), insomnia (45.6%) and risk of suicide (49.1%). The independent variables that significantly impacted the depression outcome were: female gender ($p=0.012$), insomnia ($p=0.006$) and risk of suicide ($p<0.001$). **Conclusion:** early identification of possible nursing factors and diagnoses associated with the person with depression may help in the implementation of accurate care for patients with this problem attended at the Psychosocial Care Center.

Descriptors: Mental Health Services; Depression; Prevalence; Nursing; Nursing Diagnosis.

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Depressão em pacientes atendidos em serviço de saúde mental: fatores associados e diagnósticos de Enfermagem

Objetivo: estimar a prevalência de depressão em pacientes atendidos em Centro de Atenção Psicossocial, identificar os fatores sociodemográficos e diagnósticos de Enfermagem associados ao desfecho. **Método:** estudo transversal, realizado entre janeiro a junho de 2018, em 370 prontuários de pacientes atendidos, no período de 2002 a 2016, em Centro de Atenção Psicossocial de um município do norte de Minas Gerais, Brasil. Com o auxílio de um instrumento, foram coletados dados clínicos, sociodemográficos e diagnósticos de Enfermagem. Os diagnósticos de Enfermagem foram validados por especialistas com suporte no raciocínio diagnóstico de Risner. Realizaram-se análises descritiva, bivariada e regressão logística. **Resultados:** dos 370 pacientes, 57 (15,4%) apresentaram depressão. A maioria (53,2%) era composta por indivíduos do sexo feminino e a média de idade foi de 36 anos. Os diagnósticos de Enfermagem prioritários entre os pacientes com depressão foram: humor deprimido (100%), crise (68,4%), insônia (45,6%) e risco de suicídio (49,1%). As variáveis independentes que impactaram, de forma significativa, o desfecho depressão foram: sexo feminino ($p=0,012$), insônia ($p=0,006$) e risco de suicídio ($p<0,001$). **Conclusão:** identificar precocemente possíveis fatores e diagnósticos de Enfermagem associados à pessoa com depressão poderá auxiliar na implementação de cuidados acurados a pacientes com esse problema atendidos em Centro de Atenção Psicossocial.

Descritores: Serviços de Saúde Mental; Depressão; Prevalência; Enfermagem; Diagnóstico de Enfermagem.

Depresión en pacientes atendidos en servicio de salud mental: prevalencia y factores asociados

Objetivo: estimar la prevalencia de depresión en pacientes atendidos en un centro de atención psicosocial, identificar los factores sociodemográficos y diagnósticos de enfermería asociados al resultado. **Método:** estudio transversal, realizado entre enero y junio de 2018, en 370 historias clínicas de pacientes atendidos, de 2002 a 2016, en un centro de atención psicosocial de un municipio del norte de Minas Gerais, Brasil. Con la ayuda de un instrumento se recolectaron datos de diagnósticos clínicos, sociodemográficos y de enfermería. Los diagnósticos de enfermería fueron validados por especialistas con apoyo del razonamiento diagnóstico de Risner. Se realizó análisis descriptivo, bivariado y regresión logística. **Resultados:** de los 370 pacientes, 57 (15,4%) tenían depresión. La mayoría (53,2%) eran mujeres y la edad media era de 36 años. Los diagnósticos de enfermería prioritarios entre los pacientes con depresión fueron: estado de ánimo deprimido (100%), crisis (68,4%), insomnio (45,6%) y riesgo de suicidio (49,1%). Las variables independientes que impactaron significativamente el resultado de la depresión fueron: sexo femenino ($p=0,012$), insomnio ($p=0,006$) y riesgo de suicidio ($p<0,001$). **Conclusión:** la identificación temprana de posibles factores de enfermería y diagnósticos asociados a una persona con depresión puede ayudar en la implementación de una atención adecuada a los pacientes con este problema atendidos en un centro de atención psicosocial.

Descriptorios: Servicios de Salud Mental; Depresión; Prevalencia; Enfermería; Diagnóstico de Enfermería.

Introduction

Mental disorders are defined as clinical pictures with psychological manifestations associated with functional impairment due to biological, social, psychological, genetic, physical or chemical disorders. They can cause changes in the overall performance of the individual in the personal, social, occupational or family spheres⁽¹⁾.

Among mental disorders, depression can be classified as one of the main and most recurrent mental health problems, with prevalence of up to 20% in the world population. It impacts the social environment in such a way that it is recognized as the second clinical picture to produce the most damage in the social and economic spheres⁽²⁾.

Depressive disorders are described according to the International Classification of Diseases (ICD 11) of the World Health Organization (WHO). Its symptomatology has as central base the mood and affection alterations. Sadness presents itself as a nuclear symptom, however, besides mood alterations, such as hypotimia, apathy, anhedonia and irritability, cognitive, motor and vegetative alterations can also occur, with emphasis on sleep and appetite alterations⁽³⁾.

Depressive symptoms may be present in other clinical conditions such as schizophrenia, alcoholism, dementia, clinical diseases or even specific situations such as bereavement and stress. In this sense, these symptoms, when present, even not configuring the diagnosis of some type of depression, are able to produce difficulties in work performance and social damage⁽⁴⁾.

At this juncture, the care of depressive individuals should be performed by a multidisciplinary team working in an interdisciplinary manner. Among the team members, the nurse should act in the identification of needs and in the implementation of nursing care to these patients. Their clinical practice is based on listening, dialogue, affection, welcome, comfort and focus on the therapeutic relationship centered on the person⁽⁵⁾.

The expansion of the clinic in the field of Mental Health began in Brazil in the late 1970s, marked by the Brazilian Psychiatric Reform (BPR), which was characterized by the restructuring of the model of care with the implementation of the Psychosocial Care Strategy (PSCS). The PSCS was expanded through the development of the Psychosocial Care Network (PSCN)⁽⁶⁾.

In this way, Brazil has guaranteed a favorable panorama for the treatment of depressive conditions, since it has allowed more access to the treatment of the user with depression⁽²⁾. Faced with this reality, Mental Health Nursing care must then promote psychosocial support, comfort, in addition to the necessary care in this context. For this, it is necessary to apply the Systematization of Nursing Care (SNC), recommending the implementation of the Nursing Process (NP)⁽⁷⁾.

There is a lack in the literature of studies that have generated information on the prevalence, socio-demographic factors and diagnoses of Nursing associated with depression in patients attended at the Psychosocial Care Center (PSCC). Facing the importance of this issue for the health and nursing area and the vulnerability of the population to the problem, the need to verify the occurrence as well as the possible nursing factors and diagnoses associated to the outcome in this profile of patients is perceived. Thus, this study aimed at estimating the prevalence of depression in patients treated in PSCC, to identify socio-demographic factors and nursing diagnoses associated with the outcome.

Method

This is a cross-sectional study, conducted from January to June 2018, in medical records of patients attended, from 2002 to 2016, at PSCC in a city in northern Minas Gerais, Brazil. It is noteworthy that the institution does not use standardized language for Nursing diagnosis.

The physical structure of PSCC in question holds up to 30 patients and performs from 30 to 40 consultations per day. The site is composed of two psychiatrists, two nurses, five psychologists, six nursing technicians, a pharmacist and a workshop monitor.

At PSCN, PSCC aims to assist patients in crisis originating in the study city from the three levels of care: intensive, semi-intensive and non-intensive. Patients can be referred from ESF or any unit of the municipal health network; from the Mobile Emergency Assistance Service (SAMU); from the Fire Department or from the Military Police or by spontaneous demand.

Between 2002 and 2016, a total of 1918 patients were admitted to the PSCC of the study city. A sample was determined by means of probabilistic calculation and stratified, resulting in at least 370 medical records. With this, calculations were made to determine the number of medical records *per* year that would be researched, namely: 2002 - 21; 2003 - 49; 2004 - 30; 2005 - 22; 2006 - 9; 2007 - 16; 2008 - 18; 2009 - 27; 2010 - 23; 2011 - 18; 2012 - 16; 2013 - 32; 2014 - 26; 2015 - 35; 2016 - 29, totaling 370 patients. The medical records are in printed form at PSCC of the city and were selected by simple drawing.

The data collection procedure was carried out by a graduate student, from the seventh period of the Nursing undergraduate course at a public university in the State of Minas Gerais, duly trained and under the supervision of the supervising professor.

To guide the data collection, an instrument was used, elaborated by the researchers, with the following sociodemographic variables: age; sex; marital status; education; occupation; presence of children; caregiver. The variables related to the clinical profile were: beginning

of treatment; origin of referral; type of hospitalization; previous hospitalization; diagnosis or diagnostic hypothesis presented according to ICD-10; class of drugs; clinical comorbidities; smoking; alcoholism; illicit drugs.

It should be noted that, prior to data collection, a pre-test was conducted to verify failures that could negatively interfere with data collection and the final results of the study. For this purpose, documents from patients outside the period in which the study was conducted were randomly chosen and these were not part of the final survey.

For the identification of priority Nursing diagnoses on admission to PSCC, the patient admission forms were analyzed. Terms or expressions in fields free of human responses at the welfare level or that would require specific nursing interventions were identified. These were the basis for the identification of the Nursing diagnoses among the pre-coordinated terms/concepts of IPCE®, version 2017⁽⁸⁾.

For the validation of the findings, the technique of validation by consensus was used⁽⁹⁻¹¹⁾, which proposes the analysis by a group of clinical nurses, minimum of three and maximum of five, in order to establish the consensus opinion (100%) of specialists on the relevance and relevance of a certain term/expression or diagnosis of Nursing. The disagreement of one or more specialists has conditioned the non-validation of the respective Nursing terms/expressions or diagnoses⁽¹⁰⁻¹¹⁾. The inclusion criteria of the specialists were: to be a nurse; to have professional/residential performance in health, with a minimum duration of two years of clinical practice of mental health assistance; author, co-author or advisor of studies involving mental health. Three specialists were selected, considering the geographic proximity for the realization of the face-to-face meetings.

The process of validation by consensus occurred in a municipality in northern Minas Gerais, where four specialists participated in three face-to-face meetings and, guided by Risner's diagnostic reasoning systematization skills⁽¹²⁻¹³⁾, validated the Nursing diagnoses.

Based on Risner's reasoning⁽¹²⁻¹³⁾, analytical and synthetic reasoning was applied, paying attention to the skills of critical thinking, clinical reasoning⁽¹⁴⁾, the scientific knowledge and experience of nurses in correspondence with the inferences elaborated from the elements present in the patient admission forms at PSCC and the pre-coordinated terms/concepts of CIPE®, version 2017⁽⁸⁾.

After collection, the data were inserted into a Microsoft Excel 2013 spreadsheet and exported to the Statistical Package for Social Science (SPSS), version 20.0. The descriptive analysis (simple frequencies and percentage) was conducted. The prevalence was established considering the number of patients (new and old cases) that reported the outcome during the data collection period.

Bivariate analysis was used for the variables studied from Fisher's chi-square and exact tests. With this, the relationship between each independent variable and the outcome variable (depression) was obtained, being measured the association strength by the Odds Ratio (OR), considering the 95% Confidence Interval (CI). The logistic regression model was used to identify the covariates that influenced the outcome, and the strength of association was measured by the OR. Variables whose p-value was ≤ 0.20 in the bivariate analysis were included in the multivariate analysis model. For the final analysis, a final significance level of 0.05 ($p < 0.05$) was considered.

The study obtained a favorable opinion from the Research Ethics Committee of the State University of Montes Claros (Unimontes) under the opinion of CAAE: 71723417.5.0000.5146.

Results

Of the total of 370 patients seen at PSCC, the prevalence of depression was 15.4% ($n=57$) (Table 1).

Table 1 - Clinical characteristics of the patients seen on PSCC*. Montes Claros, MG, Brazil, 2016-2017

Variable	n	%
Mental Disorders		
Schizophrenia	187	50.5
Depression	57	15.4
Neurotic Disorders Stress and Somatoform	55	14.9
Schizotypic Disorders and Delirious Disorders	41	11.1
Bipolar Affective Disorder	40	10.8
Mental retardation	20	5.4
Mental and Organic Behavioral Disorders	19	5.1

Source: study scenario, 2016-2017; *PSCC = Psychosocial Care Center

Among the 370 patients, we highlight the female gender ($n=197$; 53.2%); single ($n=218$; 58.9%); with ages between 18 and 76 years and a mean of 36 years. Regarding schooling, it was observed that the majority attended incomplete elementary school ($n=153$; 41.4%); did not work ($n=283$; 76.5%); had no children ($n=211$; 57%) and 300 (81.1%) had a caregiver/ companion (Table 2).

Table 2 - Sociodemographic variables of patients seen in a PSCC*. Montes Claros, MG, Brazil, 2016-2017

Variables	n	%
Sex		
Male	173	46.8
Female	197	53.2
Marital Status		
Single	218	58.9
Married	109	29.5
Divorced	27	7.3
Widow/er	11	3.0
No information	5	1.4

(to be continued...)

Variables	n	%
Education		
Illiterate	26	7.0
Incomplete elementary school	153	41.4
Complete Elementary School	30	8.1
Incomplete High School	36	9.7
Complete High School	74	20.0
Higher Education	16	4.3
No information	35	9.5
Occupation		
Unemployed	283	76.5
Employed	71	19.2
Student	12	3.2
No information	4	1.1
Children		
No	211	57.0
Yes	153	41.4
No information	6	1.6
Caregiver/ companion		
No	70	18.9
Yes	300	81.1

Source: study scenario, 2016-2017; *PSCC = Psychosocial Care Center

Among PSCC patients, 54 (14.5%) hypertensive; 67 (18.1%) smokers and 53 (14.3%) drinkers were identified.

Nursing diagnoses were a priority on admission to PSCC: "crisis" (n=298; 80.5%); "aggressive behavior" (n=128; 34.6%); "delirium" (n=125; 33.8%); "hallucination" (n=121; 30.8%); "insomnia" (n=113; 30.5%); "agitation" (n=106; 28.6%); "depressed mood" (n=96; 25.9%) and "suicide risk" (n=49; 13.2%). Priority ND among patients with depression were: "depressed mood" (n=57; 100%); "crisis" (n=39; 68.4%); "insomnia" (n=26; 45.6%) and "risk of suicide" (n=28; 49.1%).

Table 3 presents the variables that presented statistical significance with depression through bivariate analysis.

Table 3 - Association between the dependent variable, depression, and independent variables in patients treated in a PSCC*. Montes Claros, MG, Brazil, 2016-2017

Characteristics	Group	Depression				OR [†] (CI 95%)	P-value
		Yes		No			
		N	%	N	%		
Sex	Female	42	21.3	155	78.7	2,854 (1,520 - 5,358)	0,001
	Male	15	8.7	158	91,3		
Education	Illiterate	3	11.5	23	88,5	0,676 (0,195 – 2,336)	0,533
	Literate	50	16.2	259	83,8		
Insomnia	Yes	26	23.0	87	77,0	2,179 (1,224 – 3,879)	0,007
	No	31	12.1	226	87,9		
Suicide Risk	Yes	28	57.1	21	42,9	13,425 (6,785 – 26,565)	< 0,001
	No	29	9.0	292	91,0		
Anxiety	Yes	8	30.8	18	69,2	2,160 (1,148 – 4,065)	0,042[‡]
	No	18	25.0	313	84,6		
Depressed mood	Yes	57	59.4	39	40,6	-	< 0,001
	No	0	0	274	100		
Age	-	37.12 [§] ± 12.52		-		-	0.265

Source: study scenario, 2016-2017. *PSCC = Psychosocial Care Center [†]OR = Odds Ratio; [‡]Test by Fisher; [§]Average; ^{||}Standard Deviation

Sociodemographic characteristics and priority Nursing diagnoses identified in patients - gender (female), "insomnia" and "risk of suicide" - significantly impacted depression in multivariate analysis (Table 4).

Table 4 - Factors associated with depression in patients attended by a PSCC*. Montes Claros, MG, Brazil, 2016-2017

Independent Variable	OR [†]	IC [†] 95%		P-value
		Inferior	Superior	
Sex (Female)	2.442	1.215	4.909	0.012
Insomnia	2.539	1.302	4.954	0.006
Risk of suicide	13.407	6.545	27.461	< 0.001

Source: study scenario, 2016-2017. *PSCC = Psychosocial Care Center; [†]IC = Confidence Interval; [†]OR = Odds Ratio

Discussion

In this study, the prevalence of depression in patients attended by a PSCC was 15.4%, approximated to that found in previous studies, which showed a prevalence between 14.4% and 19.5%⁽¹⁵⁻¹⁷⁾.

According to the WHO, about 4.4% of the world population has depression. In Brazil, this prevalence is higher, 5.8%⁽⁴⁾. Also according to the WHO report, there was a significant increase of 18% in cases of depression between 2005 and 2015, the majority being in women⁽¹⁸⁾.

Depressive disorders are a public health problem in contemporary times due to their high prevalence, psychosocial impacts and repercussions on health in

general. For the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), the following criteria should be considered for the diagnosis of depression: hypothyria (depressed state most of the time); anhedonia (loss of pleasure or disinterest in performing daily activities); feeling of uselessness or excessive guilt; fatigue; loss of concentration; sleep disorders; psychomotor alterations, weight gain or significant loss; ideas of death or suicide⁽¹⁹⁾.

The case of depression cannot be attributed to only one factor. Thus, like most human problems, it is advisable to broaden its analysis and consider multiple factors that interact, producing responses and behaviors that subjects present in their social context⁽²⁰⁾.

Currently, in Brazil, mental health care must be guided by the network model, seeking interdisciplinary and intersectoral actions. These actions should be based on the principles of Psychiatric Reform (PR) and the Unified Health System (UHS), seeking for expanding the clinic with the rescue and enhancement of psychosocial dimensions.

The subject in psychic suffering must be cared for, aiming at his psychosocial rehabilitation, de-institutionalization and social reinsertion. In this perspective, PSCC emerges as an important device in the care of depressive individuals. It works as an intermediary service between the outpatient regime and hospitalization, being composed of multi-professional teams. It should be a reference service for crisis situations and situations of great clinical and social vulnerability, especially situations involving risk of death. Its focus is the monitoring of users with severe and persistent mental disorders in a specific territory, in an intensive, semi-intensive and non-intensive treatment regimen⁽²¹⁾.

Among the individuals in this study, age varied between 18 and 76 years, with an average of 36 years, 58.9% were single and 41.4% had low schooling, with incomplete elementary education. It is possible to observe that, in the PSCC in question, the majority of users with mental disorders are in the productive or economically active age group, however, 76.5% of the patients do not work.

This data is corroborated by other studies⁽¹⁵⁻¹⁷⁾ conducted in PSCC of different regions of Brazil. In the study conducted in Passos (MG), age varied between 18 and 79 years, with most individuals single (46.5%) and with incomplete elementary education (59%)⁽¹⁶⁾. In Curitiba (PR), 44.7% were single and 38.4%, unemployed⁽¹⁵⁾. In a study in Fortaleza (CE), the average age was 46 years, with a predominance of patients with four to seven years of study (9.6%) and 62% were without formal labor activity⁽¹⁷⁾.

It is noteworthy that subjects in psychic suffering still experience many social stigmas, such as abandonment of studies, often due to limitations imposed by mental

disorders and the demerit that they are disqualified and unable to maintain labor relations. However, these are important issues that can be modified by inclusive strategies in the education and labor sector. Education, the possibility of qualification and insertion in the labor market are relevant in the process of psychosocial rehabilitation, autonomy and citizenship^(15,22-23).

Of the 370 patients, 300 (81.1%) had companions or caregivers during the treatment at PSCC. With the BPR and the restructuring of the care model, the de-institutionalization gradually took place, thus, mainly the family became the protagonist in the care process.

In this study, there was statistical significance between depression and gender (female) (OR:2.442; $p=0.012$), insomnia (OR:2.539; $p=0.006$) and risk of suicide (OR:13.407; $p<0.001$).

Regarding depression and gender, in this study 21.3% of the patients diagnosed with the outcome were female. This data is reinforced by other studies^(17,24).

In a meta-analysis⁽²⁵⁾ of depression studies in Brazilian adults, a prevalence of the problem was found in 21.6% (95% CI: 18.5-24.7) of women and 9.7% (95% CI: 7.5-11.8) of men. In another population-based study, which included 1,593 adults from the Federal District, depression was self-reported in 14.6% (95% CI: 12.0-17.6%) among women⁽²⁶⁾.

The association between depression and the female gender is pointed out⁽²⁷⁾ as being attributed to several factors such as: hormonal causes; pregnancy; puerperium and greater search for health services. Authors explain that women would find it easier to identify their psychic suffering, admit it and seek help, while men tend to use psychoactive substances as relief for their suffering or anguish⁽²⁷⁾.

Studies^(2,26,28) have maintained that depression is approximately twice as common in women as in men. Besides the above-mentioned factors, this occurrence has also been explained by hormonal and physiological differences, low level of schooling, socio-cultural issues, low income and particularities in the ways of experiencing stressful situations in life^(25-26,28).

From the perspective of care, Nursing stands out, a profession committed to the act of caring in all phases of human development, including during the assistance to the patient in psychic suffering.

One way to provide psychically suffering patients with excellent and orderly nursing care is through the SNC and the implementation of NP. It is the clinical method of the profession that guides Nursing care, being composed of five stages: data collection; Nursing diagnosis; planning; implementation and evaluation of Nursing⁽²⁹⁾. Nursing taxonomies and standardized languages can be used to determine Nursing diagnoses, interventions and nursing outcomes⁽³⁰⁾.

In this sense, CIPE® is a classification system in Nursing that is in vast global progress, with potential applicability in the various levels of health care, contributing to Nursing based on scientific evidence and to the confirmation of the effectiveness of Nursing care through indicators of clinical practice, as is the case with Nursing diagnostics^(8,31).

The enunciation of Nursing diagnoses refers to a title attributed by the nurse to a decision about a phenomenon that is the focus of the practice of Nursing⁽⁸⁾. It is the clinical judgment of the nurses in the identification of problems that are of Nursing competence. Its recognition allows for holistic, patient-centered care, as well as providing the planning and implementation of Nursing actions and interventions directed to the real needs of the patient.

It is the clinical judgment of the nurses in the identification of problems that are of Nursing competence. Its recognition allows for holistic, patient-centered care, as well as providing the planning and implementation of Nursing actions and interventions directed to the real needs of the patient⁽³²⁾.

The Nursing diagnosis of "insomnia" or "impaired sleep", in this study, had a significant impact on depression. This disorder refers to the state in which the individual presents a change in the quantity or quality of his/her sleep pattern, causing discomfort or interfering in his/her desirable lifestyle. These sleep disturbances can result from physiological, psychological, social and environmental factors such as emotional stress, anxiety, pain, discomfort, tension, drug abuse or brain function disorder. Serotonin is a neurotransmitter with a key role in sleep regulation. In depression, a functional decrease of serotonin occurs, resulting in specific sleep changes⁽³³⁻³⁴⁾.

Sleep disorder consists of one of the main changes present in depressive disorder. Of the clients with depressive disorder, about 80% have interurrences in the quantity and quality of sleep, with frequent complaints of insomnia, total sleep reduction, frequent night awakenings, non-restorative sleep, besides disturbing dreams⁽³⁵⁾.

It is emphasized that sleep disorders can favor a new depressive episode as having been the contributing factor to the emergence of depression. Another important data refers to the relationship established between poorer quality sleep and sleep disorders with a greater tendency to suicide risk⁽³⁵⁻³⁶⁾.

The diagnosis of Nursing "risk of suicide" also remained, in this study, significantly associated with depression. People with mental disorder have a higher risk of committing suicide when compared to people without psychic illness. It is estimated that 95% of people who attempt or commit suicide have a previously diagnosed mental disorder. Among the mental disorders

associated with suicide, greater depression stands out. Most individuals who attempt suicide have a history of a previous attempt, manifesting a greater risk of further attempts^(15,36).

The association established between major depression and suicide is well described in the literature. This phenomenon has been confirmed in an epidemiological study in Canada⁽³⁷⁾. Depression is the main clinical picture that is related to suicidal ideation, suicide attempt, and suicidal plans. Regarding anxiety disorders, major depression was associated, in a ratio of chances, about ten times more (OR = 1.9-18.5)⁽³⁸⁾, which is close to the finding of this research (OR = 13.407).

In depression, one must consider the existence of vulnerabilities and risk factors that can influence the committing of suicide. In depressed people, there is a reduction in serotonin levels, providing impulsiveness in the brain. When dealing with stressful situations, these individuals can use the aggressiveness against themselves and their life⁽³⁶⁾.

The WHO has estimated that each year a contingent of over 800,000 people commit suicide. Suicide is the second most frequent cause of death among people from 19 to 25 years of age⁽³⁹⁾.

In 2004, in the state of Minas Gerais, Brazil, the suicide rate was 4.82 *per* 100 thousand inhabitants⁽⁴⁰⁾.

It is important to emphasize that depressed mood or deep sadness are part of the criteria for the diagnosis of depression, in addition to anhedonia, inhibition or absence of the ability to feel joy or pleasure and hypoactivity/fatigue, reduced energy and increased fatigue⁽³⁶⁾.

The complexity of dealing with "insomnia" and "risk of suicide" produces several challenges for the clinical care of mental health nursing. In this sense, the development of professional and personal skills to implement interventions in psychic and emotional situations is fundamental.

With regard to "insomnia", Nursing care can be implemented by seeking to highlight guidelines on sleep patterns, obtain data on sleep and factors that may compromise it, promote sleep time routine, evaluate medication response in case of psychiatric treatments and provide guidance on diet. In turn, in relation to the "risk of suicide", the main interventions should make it possible to obtain data on adherence to the safety regimen, on depressed mood, reinforce impulse control, facilitate access to treatment and the ability to communicate feelings, identify altered perceptions and monitor adherence to medication^(8,31).

The identification of the prevalence of depression, socio-demographic factors and priority Nursing diagnoses for the specific clientele, in this case, the patients with depression attended in PSCC, collaborates in the description, comparison and representation of the domain of Nursing practice to promote quality care based on

scientific evidence. There is also, as a contribution in the context of health and nursing, the applicability of NP in the clinical practice of the nurse in PSCC.

As a limitation of the study, the lack of research to evaluate the depression outcome and the identification of CIPE® Nursing diagnoses, specifically for patients treated in PSCC, is evident. As it is a cross-sectional study, it is not possible to investigate the conditions of low prevalence, feasible in longitudinal designs, identify the cause and effect relationships or evaluate the evolution of nursing diagnoses in nursing care in PSCC.

Conclusion

This study made it possible to identify the prevalence of depression in patients seen in PSCC in the north of Minas Gerais, as well as to identify the socio-demographic factors and nursing diagnoses associated with the outcome.

After the bivariate analysis and the adjustment step of the multivariate analysis, among the sociodemographic factors and nursing diagnoses, those that remained as the best predictors for the outcome in study were: "insomnia", "suicide risk" and gender (female).

In the clinical practice of the nurse, early recognition of possible factors and diagnoses of nursing associated with depression can help him and the multi-professional team in the management of care, planning and implementation of interventions directed to the real needs of patients with depression attended in PSCC.

It is recommended that investigations be carried out to explore and establish the differences related to depression between men and women, the relationship between causal factors, nursing diagnoses and the best nursing care to be implemented.

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