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ORIGINAL ARTICLE

Prevalence of depressive symptoms in patients with cleft lip and palate ☆,☆☆



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KEYWORDS

Cleft lip;
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Abstract

Introduction: Cleft lip and/or palate (CL/P) represent the most common congenital anomalies of the face.

Objective: To evaluate the prevalence of depressive symptoms in children and adolescents with nonsyndromic cleft lip and/or palate (nsCL/P).

Methods: We conducted an observational, case-control study, with a case study group composed of 61 patients with nsCL/P, aged 7–17 years, and a control group of 61 clinically normal patients. Both groups were selected at the same institution.

Results: Depressive symptoms were observed in the case group (nsCL/P), but there were no statistically significant differences compared to the control group. No association was found between the two groups (case and control) in relation to sociodemographic variables: gender, age and education.

Conclusions: This study identified the prevalence of depressive symptoms in children and adolescents with nsCL/P from a localized geographic population, although the results were not

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PALAVRAS-CHAVE

Fissura palatina;
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Adolescente

statistically significant when compared to the control group, not justifying the use of CDI (Child Depression Inventory) as a screening instrument for depressive symptoms in the examined population.

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Prevalência de sintomas depressivos em pacientes com fissuras labiopalatinas**Resumo**

Introdução: Fissuras labiais e/ou palatinas (FL/Ps) representam as anomalias craniofaciais mais comuns.

Objetivos: Avaliar a prevalência de sintomas depressivos em crianças e adolescentes não síndrômicos com FL/P (FL/PNS).

Método: Foi realizado um estudo observacional de caso-controle com uma amostra populacional de conveniência, com um grupo caso (61 pacientes com FL/PNS, tendo idades entre 7 a 17 anos) e um grupo controle (61 pacientes clinicamente normais). Ambos os grupos foram selecionados na mesma Instituição.

Resultados: Sintomas depressivos foram observados no grupo caso (FL/PNS), mas não houve diferenças estatisticamente significantes quando comparado com o grupo controle. Não foi encontrada associação entre os dois grupos (caso e controle) em relação às variáveis sociodemográficas: gênero, idade e educação.

Conclusões: Este estudo observou a prevalência de sintomas depressivos em crianças e adolescentes com FL/PNS de uma população geográfica localizada, embora os resultados não tenham sido estatisticamente significantes quando comparado com o grupo controle, não justificando assim a utilização do Inventário de Depressão Infantil (IDI), como instrumento rastreador de sintomas depressivos na população analisada.

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Introduction

Nonsyndromic lip and/or palate cleft (NSCL/P) is the most prevalent congenital genetic defect of craniofacial area and results in anatomical complications and in psychological and behavioral disorders.¹ The incidence of NSCL/P varies according to geographic location, race and socioeconomic status,^{2,3} and has a mean distribution of about 1 case per 700 live births.⁴ The etiology of NSCL/P is multifactorial, involving several genes and complex molecular events that occur during embryogenesis, that are also influenced by environmental factors.^{5,6}

Some studies have suggested an increased risk for the development of psychiatric disorders in children and adolescents with NSCL/P, and have noted abnormal levels of depressive symptoms.⁷⁻¹² The literature contains population-based studies that identify depressive disorders in the general population, that reach a prevalence of 10% and an incidence of 2%.¹³ It is estimated that approximately 5% of people worldwide have depression, and about 10-25% of them may show some depressive episode during life.^{14,15}

The prevalence of depression in childhood increases with age, and is approximately 2% overall; it increases progressively and at adolescent ages, reaches levels close to

adulthood.¹⁶ In different regions of the world, including Brazil, these values range from 0.4 to 3.0% for children, and 3.3 to 12.4% for teenagers. These variations can be explained by methodological differences in sample selection strategy, as well as by cultural differences, depending on where the studies have been conducted.¹⁵⁻¹⁷

Early detection of depressive symptoms could indicate social, school or family environment damage,^{7,8,18} and, therefore, several methods are used for screening and diagnosis.^{19,20} The Child Depression Inventory (CDI) is used to assess depressive symptoms in children and adolescents in different clinical and research contexts.¹⁹⁻²¹ Thus, some studies have shown an association between occurrence of this malformation and psychosocial adjustment, suggesting greater attention to patients with NSCL/P, including their overall development and integration with the social environment.²¹⁻²⁴

In addition, psychiatric and psychological support of patients with NSCL/P throughout growth and development and also throughout the entire period of rehabilitation is necessary, in order to understand the needs of patients and of their parents who are feeling and living with a craniofacial malformation.^{10,11,23,24} Thus, the aim of this study was to assess the prevalence of depressive symptoms in children and adolescents with NSCL/P.

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