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Research report

Subsyndromal depression: An impact on quality of life? ☆

Ana Flávia Barros da Silva Lima [a,*], Marcelo Pio de Almeida Fleck [b]

[a] *Graduate Program of Psychiatry, Universidade Federal do Rio Grande do Sul, Brazil*
[b] *Department of Legal Medicine and Psychiatry, Universidade Federal do Rio Grande do Sul, Brazil*

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Abstract

Objective: The objective of this study was to demonstrate the association between quality of life and subsyndromal depression in a primary care clinic in a Brazilian sample.
Methods: This was a cross-sectional study. The cases were divided into three groups according to the severity of depressive symptoms: 1) subjects with major depressive disorder; 2) subjects with subsyndromal depression; 3) subjects without depressive symptoms – controls. The participants completed the World Health Organization Instrument to Assess Quality of Life (WHOQOL–BREF), the Quality of Life – Depression (QLDS), the Centers for Epidemiologic Studies – Depression instrument (CES-D), and the Composite International Diagnostic Interview (CIDI).
Results: The sample consisted of 438 primary care users (35.2% of them had subsyndromal depression). The subjects with major depression presented the worst impairment of quality of life, which was measured by the WHOQOL-BREF and the QLDS. The patients with subsyndromal depression had a smaller impact on their quality of life and the subjects without depression presented an even lower impact. The hierarchical linear regression involving demographic variables and the severity of depressive symptoms showed that the severity of depression was the variable with higher correlation with quality of life dimensions, presenting increased variation in the domains (from 9% to 24%).
Conclusions: The results suggest that subsyndromal depression causes impairment of the quality of life in primary care patients of a Brazilian sample.

Keywords: Quality of life; Subsyndromal depression; WHOQOL

1. Introduction

Depressive disorders are highly prevalent and are associated with functional, psychosocial and occupational impairment. The prevalence of major depressive disorder over the course of a lifetime is estimated to range between 6% and 17%. Taking into consideration only the presence of depressive symptoms in the community or in primary care units, the prevalence increases to 20% (ECA and National Comorbidity Survey—Blazer, 1995). According to Brazilian data, there are few studies assessing the prevalence of this disorder, but prevalence rates are estimated to range around 3–10% (Almeida-Filho et al., 1997; Villano, 1998; Fraguas and Ferraz, 1992).

Recent studies on depression in primary care have demonstrated that it is necessary to improve the identification of this clinical condition. Approximately

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* Corresponding author. Rua Ramiro Barcelos, 2350 – Sala 400N – 4° andar, 90035-903 Porto Alegre, RS, Brazil. Tel.: +55 51 2101 8413.
E-mail address: afbslima@terra.com.br (A.F.B. da Silva Lima).

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50% to 60% of the cases are not detected, and even the patients who receive correct diagnosis often are not given an appropriate and specific treatment (Wells et al., 1988; McQuaid et al., 1999). It has been estimated that the average time interval between symptom onset, identification and treatment of the disorder is 4 to 6 years (Schwenk et al., 2004). If a proper treatment was delivered, the prevention of morbimortality caused by depression could be as high as 70% (Docherty, 1997). Consequently, although the patients of primary care units present mild depressive symptoms if compared to cases of major depression, the underdiagnosis of such symptoms has an impact on the individuals' life, not only regarding the presence of symptoms, but also causing impairment of quality of life and social functioning, and increasing the use of health resources (Wells et al., 1989a; Cuijpers et al., 2004; Goldney et al., 2004).

With respect to the quality of life, several studies have demonstrated that the severity of the depressive disorder affects all dimensions of quality of life, even when controlled with other variables, such as age (Ravindran et al., 2002; McCall et al., 1999), and it might cause equivalent or more severe impairment than other chronic diseases (Hays et al., 1995; Wells et al., 1989b; Spitzer et al., 1995; Judd et al., 1996). Even though international studies have demonstrated that functional impairment and use of health resources are directly proportional to the severity of the depressive symptoms, it is important to highlight that mild depressive disorders that do not meet the criteria for a major depressive disorder can also cause significant impairment of quality of life (Cuijpers et al., 2004; Goldney et al., 2004).

A Brazilian study for the assessment of quality of life regarding the severity of depressive symptoms in patients of a primary care clinic showed that the patients with more severe symptoms considered their health as being worse and were less satisfied with its health status than those patients with milder symptoms, even though many patients did not present major depressive disorders. There was also an inverse correlation between depressive symptomatology and other parameters of quality of life, such as impairment of physical and psychological functioning. Regarding the use of health resources, the patients who presented more depressive symptoms looked for health assistance at primary care clinics more often, had longer hospital stays and missed more work days than the less depressed patients (Fleck et al., 2002).

Another relevant finding is that individuals with subsyndromal depression show a risk of 8% for major depressive episodes, compared to a rate of 1.8% for individuals without symptoms (Cuijpers et al., 2004). Therefore, the early detection of subsyndromal depression as well as an appropriate delivery of treatment are key aspects for the recovery of these patients. The objective of this study was to demonstrate the impact of the association between quality of life and subsyndromal depression in a primary care clinic.

2. Methodology

This study was carried out based on the analysis of the database of a cohort obtained by means of the Longitudinal Investigation Depression Outcome (LIDO). The subjects who used the primary care service and had received the diagnosis of major depressive disorder – current episode – were followed for one year.

2.1. Study design

Only the Brazilian data were used in the present study. The other follow-up data will be used in upcoming publications. Therefore, this is a cross-sectional study, with the cohort divided into three groups according to the severity of the symptoms: individuals with major depression, individuals with subsyndromal depression, and individuals without depressive symptoms.

2.2. Selection of the sample

The project was evaluated and approved by the Research Ethics Committees of Hospital de Clínicas de Porto Alegre and the Community Health Service of Hospital Conceição. The outpatient clinics visited during the study were affiliated to these institutions.

A screening interview was carried out with 2475 users from three primary health care units in the city of Porto Alegre. The patients were selected consecutively according to the order of arrival at the outpatient clinic from August 1998 to March 1999. The individuals were initially screened for depression using the CES-D instrument (Radloff, 1977). The individuals with a CES-D score ≥ 16 were invited to a more detailed interview in order to confirm or rule out a recent major depressive episode. This baseline interview was carried out by trained interviewers 2 weeks after the initial contact. This interview confirmed or ruled out the diagnosis of depression through the Composite International Diagnostic Interview (CIDI) methodology. Two groups naturally resulted from this interview: one group was comprised of patients with a diagnosis of major depression according to the CIDI (CIDI+), and the other group included those patients who even presenting a