

### 328/ IMPACT OF DEPRESSIVE SYMPTOMS IN SOCIAL FUNCTIONING AND QUALITY OF LIFE IN A BRAZILIAN PRIMARY CARE SERVICE USERS

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Depressive disorders constitute a major public health problem due to their high prevalence and psycho-social impact. Depressed patients are assiduous users of primary care services, even though they are often not diagnosed as such. The objective of this study is to describe and to evaluate depressive symptoms in individuals that seek primary care services in Porto Alegre, south Brazil, and to characterize those patients with respect to impacts quality of life and social functioning. 2201 primary care users were evaluated in the city of Porto Alegre, south Brazil in relation to their physical and emotional health using the following instruments: 2 questions from the World Health Organization Quality of Life instrument (WHOQOL-Bref); Medical Outcomes Study Short-Form 12 (SF-12) and MHI 5 (MHI-5); Centers for Epidemiologic Studies - Depression (CES-D), plus additional questions about work loss days and health care utilization. 79.5% of the individuals were female, avering 40 years of age. The intensity of depressive symptoms (measured by CES-D) was 20.2 for women and 16.2 for men. All the appraised parameters had an inverse relationship with the intensity of depressive symptoms. Patients with worse perceptions of their health, worse life quality, worse social functioning, more days as inpatients, larger number of medical consultations and more missing working days presented larger intensity of depressive symptoms. The data reinforce findings in other countries that depressive symptoms have a strong impact in social functioning, quality of life and health resource utilization in primary care patients. Keywords LIDO Study - Depression - Primary Care - Quality of life - Social Functioning - Evaluation.

### 329/ QUALITY OF LIFE FOR POOR AFRICAN-AMERICAN WOMEN WITH DEPRESSION

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Little is known about the mental health needs and associated quality of life of poor African-American (AA) women in the US. The WE Care study is designed to describe and address the mental health needs of poor, depressed AA, Latina, and White women. Subjects were screened for depression while obtaining health care or other social services. Prior to treatment, subjects were administered the Hamilton Depression and Anxiety Rating Scales (HAM-D, HAM-A) and the SF-36. A total of 114 AA women met criteria for depression (HAM-D>16), mean age 28.8(±8.4). Compared with age-adjusted US norms for females, SF-36 scores for the depressed AA women were lower on all 8 SF-36 subscales, MCS, and PCS ( $p<0.05$ ); results were the same when comparison was made to non-depressed AA women from the study ( $N=30$ ). Relative to White and Latina depressed women in the sample ( $N=100$ ) SF-36 scores for the AA women were lower on 5 subscales (role-physical, general health, vitality, social functioning, role-emotional) and the MCS ( $p<0.05$ ). Because depression with comorbid anxiety may be associated with poorer quality of life than depression alone, SF-36 scores for AA women with comorbid anxiety (HAM-A>12) were compared to scores for those with depression alone. Scores were lower for all but the vitality subscale ( $p<0.05$ ). All subscale and component summary scores were significantly and negatively correlated with HAM-A scores ( $r=-0.22$  to  $-0.43$ ); only 2 subscales were not correlated with HAM-D score ( $p<0.05$ ). Age was negatively correlated with physical functioning, bodily pain, general health, PCS and MCS scores ( $r=-0.21$  to  $-0.36$ ). All but 9 depressed subjects had at least 1 child (range 0 to 6); number of children was negatively correlated with physical functioning, role-physical, bodily pain, general health, and PCS scores (range  $r=-0.22$  to  $-0.36$ ;  $p<0.05$ ). Results indicate impaired quality of life for poor African-American women with depression relative to depressed White and Latina women. Presence of comorbid anxiety is associated with lower quality of life than depression alone.

### 330/ SOCIAL SUPPORT AND QUALITY OF LIFE IN CHRONIC MENTAL DISEASE PATIENTS SUBMITTED TO DIFFERENT HOUSING TREATMENT PROGRAMS

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The aims of the present study is to inspect the impact of Social Support and Housing on the Quality of Life (QOL) of long term controlled mental health patients submitted to two different housing program treatment Participants where 123 long-term mental health patients (63.4% males) living in two conditions: Living with Family with outpatient day care support (56.9%)(A group) and; Community House treatment program (43.1%). Material used includes the "Escala de Suporte Social Percebido", a Portuguese Social Support Scale, which evaluates Perceived Social Support, with five dimensions, Satisfaction with the Friendship, Satisfaction with Intimate Friend Relationships, Satisfaction with Family, Satisfaction with Social Activities, and Satisfaction with Neighbours, and the Portuguese adaptation of the WHOQOL Bref. The WHOQOL Group developed a quality of life questionnaire with 100 items. Recently produced an abbreviated form with 26 items covering four domains: Physical Capacity, Psychological, Social Relationships, and Environment. Results show no differences in QOL and Perceived Social Support between the two housing treatment groups. Correlation's between dimensions of Social Support and dimensions of QOL vary between the two treatment groups: Correlation's between QOL domains and Satisfaction with Intimate Friend Relationships, Satisfaction with the Family, and Satisfaction with Neighbours are positive and statistically significant for the Community House treatment Group and not for the Living With The Family Group; Correlation's between Social Activities and QOL domains are negative and statistically significant for the Living With The Family treatment group and not for the Community House Group. Results suggest that the two kind of treatment can induce satisfaction with different aspects or domains of Social Support, resulting in similar impact on QOL.

### 331/ DOES CHANGE IN DEPRESSION STATUS PREDICT CHANGE IN HRQOL?

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A strong association between depressive symptoms and quality of life (QOL) has been established throughout the literature. The objective of the present report was to investigate the changes in QOL as a result of changes in depression or the correlates of depression in the LIDO Study. The relationship between treatment and change in QOL was also examined. The sample consists of all enrolled patients ( $N = 1117$ ) across six sites (Israel, Spain, Australia, Brazil, Russia, and the United States). Using the baseline and 9-month assessment of the quality of life measures (WHOQOL-Bref, QLDS, and SF-12), and the measures of depression status at 9 months (CIDI and CES-D scores), we examined the associations between changes in QOL scores and depression status, hypothesizing that patients who have less depressive symptoms, or who were no longer clinically depressed, should show improvements in QOL. To assess the relationship between QOL and treatment, we compared the enrolled patients having any mental health treatment with those receiving no treatment. We expected participants having undergone treatment to improve more than others with regard to QOL measures, even when controlling for initial depressive symptoms. Results showed that changes in depression symptom scores (by CES-D) were significantly associated with changes in QOL scores (WHOQOL-Bref Psychological 0.69, QLDS 0.67, and SF-12 MCS 0.67). In addition, treatment significantly improved quality of life scores. Those with anti-depressant treatment improved by 2.0 points on the WHOQOL-Bref Psychological scale compared to 1.1 points for those not receiving medication ( $F=15.8$ ,  $p<0.001$ ); and 5.0 points on the QLDS for treatment versus 3.1 points for no treatment ( $F=8.4$ ,  $p<0.01$ ). Therefore, this study demonstrates a significant association between depressive symptoms and multiple HRQOL indicators.