

54. SCREENING FOR DEPRESSION IN THE POPULATION ENVIRONMENT

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Introduction. According to the World Health Organization (WHO), about 151 million people suffer from depression, the number of women affected being twice as high as that of men. Finally, 15% of depressed patients commit suicide. Depression is a condition that has a significant negative impact on quality of life, daily functioning and productivity. The WHO also estimates that in 2030, depressive disorders will be the leading cause of disability, confirming the need to build an adequate system of services that could meet the needs of the population.

Aim of study. Screening for depression among patients at the level of PHC. Assessing the prevalence of depressive disorders based on the PHQ-9 and PHQ-2 questionnaires, collecting and analyzing data, creating the premises for new strategies and approaches in the early diagnosis and management of depressive disorders.

Methods and materials. In this research 55 patients were included. All patients were investigated at the primary health care level, in a health center, and they went to the family doctor with other complaints. The tools of analysis used were clinical data of the patients and results from general questionnaires and special for depression screening PHQ-9 and PHQ-2 questionnaires. Patients were divided into 5 groups depending on the severity of the depression level.

Results. The most patients 43,6% detected with mild depression severity. These patients mention 2-3 depression personal and environmental risk factors, 36,3% healthy patients, without depressive disorders. These patients mention 0-1 depression personal and environmental risk factors, 12,7% moderate depression. These patients mention 3-4 depression personal and environmental risk factors, 5,5% moderately severe depression. These patients mention 4-5 depression personal and environmental risk factors. 1,9% severe depression. These patients mention 6 and more depression personal and environmental risk factors. Patients with suicidal thoughts were found in all 5 groups, regardless of the severity of depression. This allows us to assume that suicidal tendencies are caused by the influence of factors from the environment, and depend on the characteristics of the personality, temperament and individual response of the patient to various stress factors.

Conclusion. In addition to the high prevalence of depression in patients from the primary care level, there are other arguments in favor of screening for depression, namely: At the primary care level in patients, depression often coexists with physical illness and pain, which make it difficult to recognize depression. In primary care patients, as well as in the general population, a lot of people with depression remain untreated, negatively impacting productivity and economic costs. Depression is not only the most common mental health problem, but also a serious condition that requires expensive and long-term treatment and frequently becomes the most common cause of suicide. During the global pandemic of COVID-19, we can see an increase in the number of patients suffering from depressive disorders and there is a need to develop accessible and effective methods for depression screening and diagnosis, which can be applied to all levels of healthcare.