

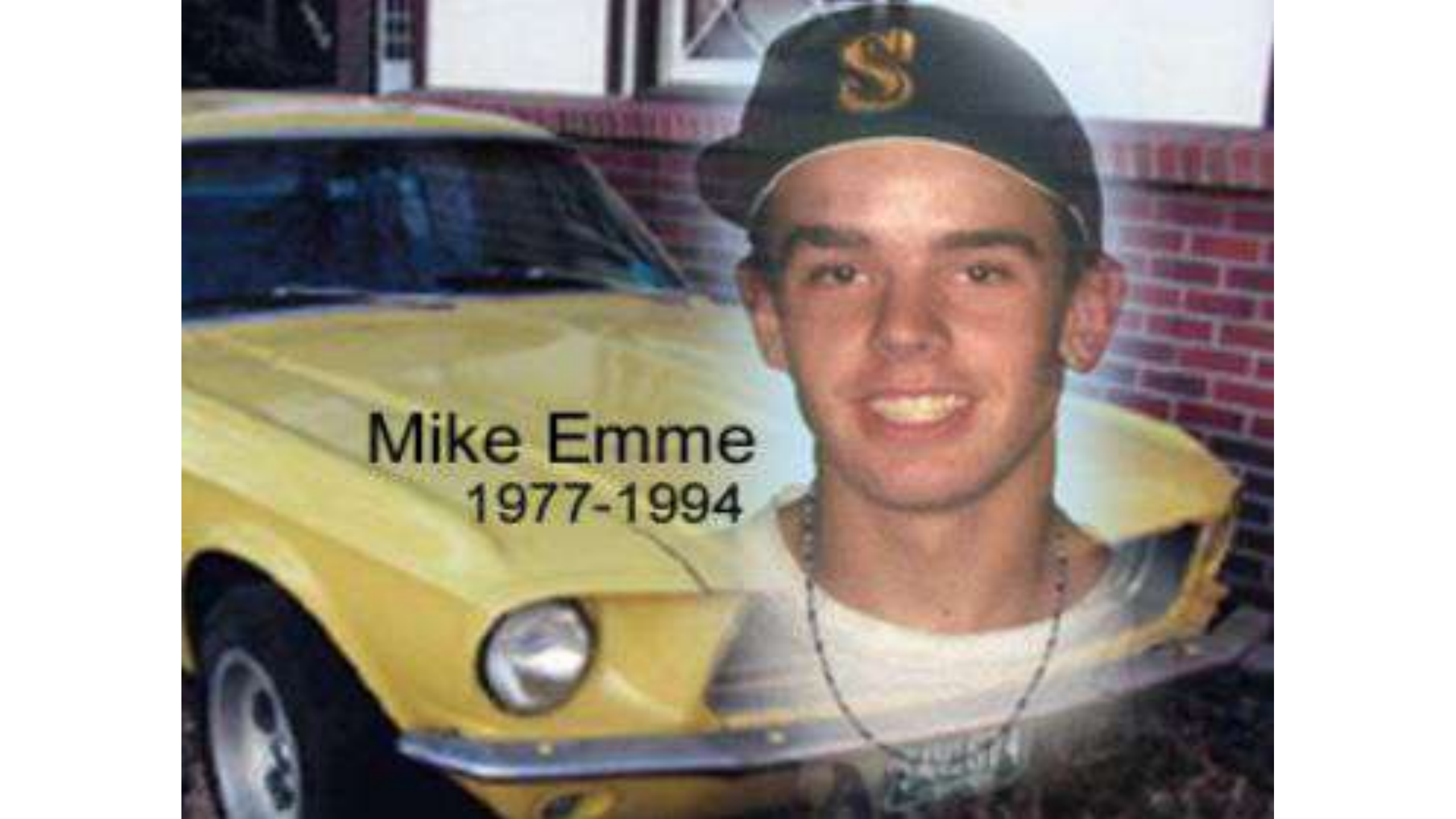
Diálogos Sobre Saúde | FundMed e Sesi

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Psiquiatra

Professora do Departamento de Psiquiatria e Medicina Legal da UFRGS



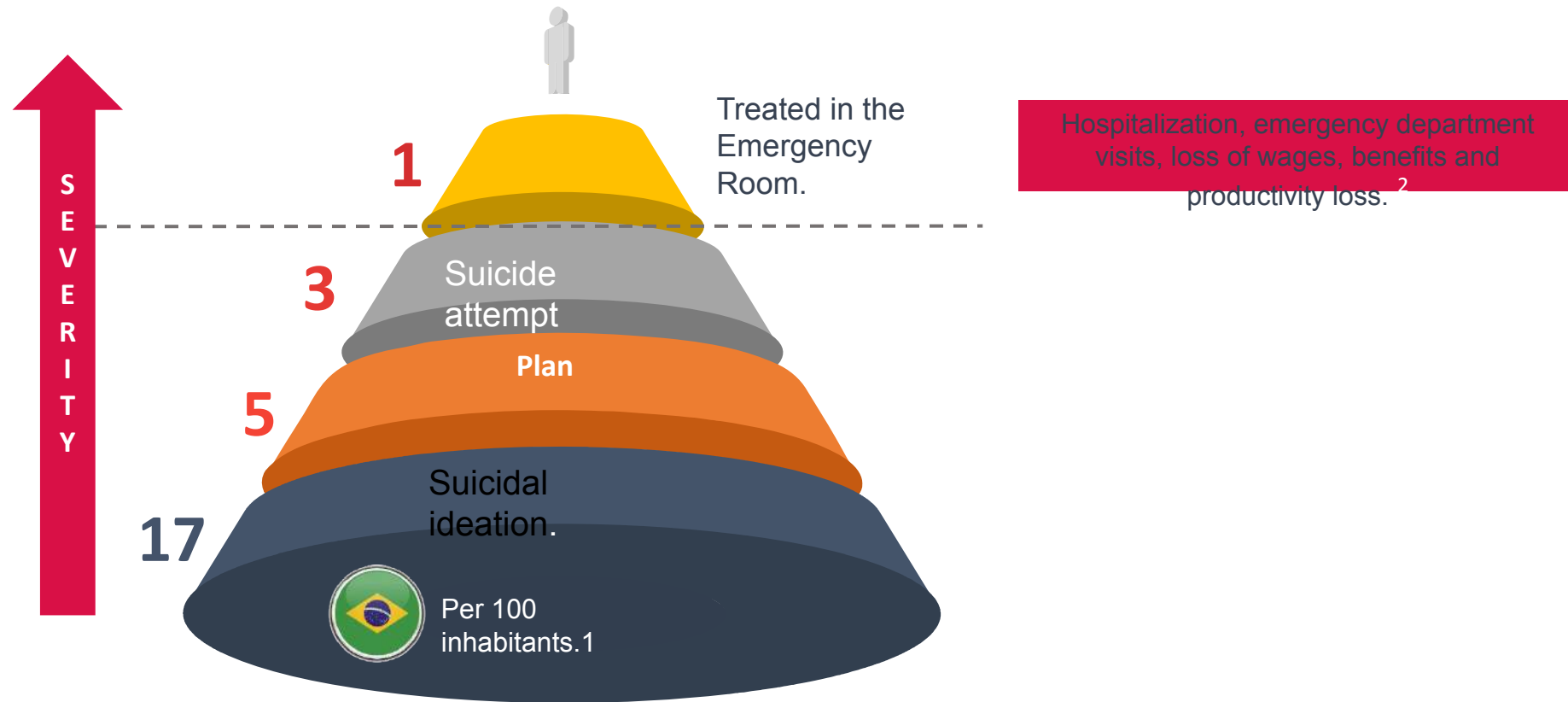
A portrait of a young man, Mike Emme, wearing a black baseball cap with a gold 'S' logo, a white t-shirt, and a chain necklace. He is smiling and standing in front of a yellow car. The background shows a brick wall and a window. The text 'Mike Emme' and '1977-1994' is overlaid on the image.

Mike Emme
1977-1994



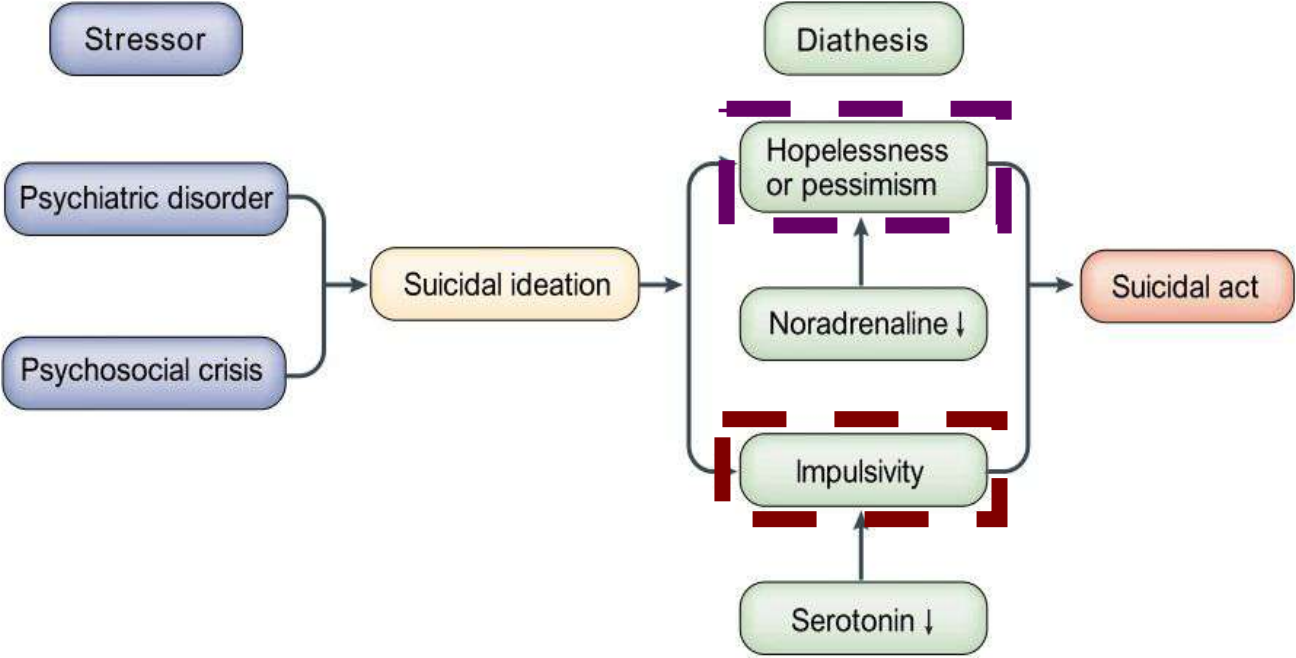


Suicidal Behavior and Social Impact



1. Botega NJ, et al. Revista Brasileira de Psiquiatria. 2005;27(1):45-53; 2. Shepard DS, et al. Suicide Life Threat Behav. 2016;46(3):352-62.

Neurobiology of Suicide



39 MESES

PARA PROCURAR AJUDA

Fonte: <https://agenciabrasil.ebc.com.br/saude/noticia/2022-06/brasileiro-demora-39-meses-para-procurar-ajuda-para-depressao>

Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016



GBD 2016 Disease and Injury Incidence and Prevalence Collaborators*



Summary

Background As mortality rates decline, life expectancy increases, and populations age, non-fatal outcomes of diseases and injuries are becoming a larger component of the global burden of disease. The Global Burden of Diseases, Injuries, and Risk Factors Study 2016 (GBD 2016) provides a comprehensive assessment of prevalence, incidence, and years lived with disability (YLDs) for 328 causes in 195 countries and territories from 1990 to 2016.

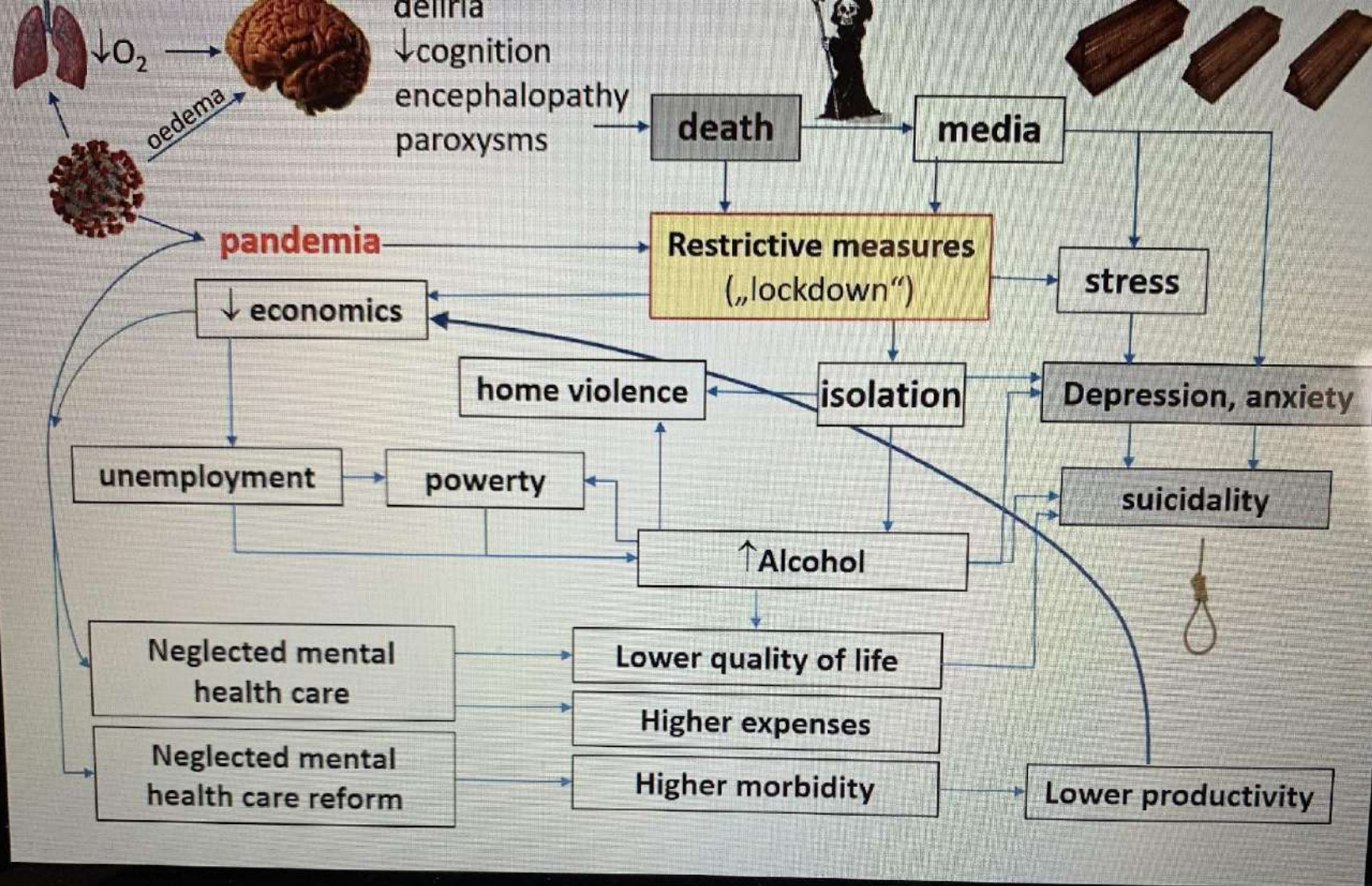
Lancet 2017; 390: 1211–59

*Collaborators listed at the end of the Article

Methods We estimated prevalence and incidence for 328 diseases and injuries and 2982 sequelae, their non-fatal consequences. We used DisMod-MR 2.1, a Bayesian meta-regression tool, as the main method of estimation, ensuring consistency between incidence, prevalence, remission, and cause of death rates for each condition. For some causes, we used alternative modelling strategies if incidence or prevalence needed to be derived from other data. YLDs were estimated as the product of prevalence and a disability weight for all mutually exclusive sequelae, corrected for comorbidity and aggregated to cause level. We updated the Socio-demographic Index (SDI), a summary indicator of income per capita, years of schooling, and total fertility rate. GBD 2016 complies with the Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER).

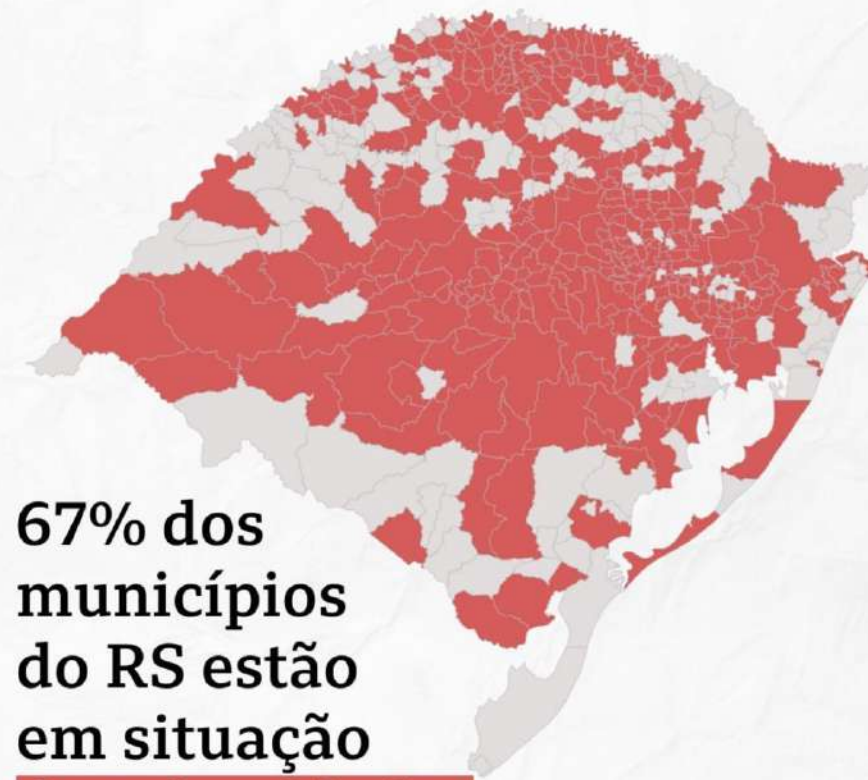
Findings Globally, low back pain, migraine, age-related and other hearing loss, iron-deficiency anaemia, and major depressive disorder were the five leading causes of YLDs in 2016, contributing 57·6 million (95% uncertainty interval

decreased between 1990 and 2016 by 2·7% (95% UI 2·3–3·1). Despite mostly stagnant age-standardised rates, the absolute number of YLDs from non-communicable diseases has been growing rapidly across all SDI quintiles, partly because of population growth, but also the ageing of populations. The largest absolute increases in total numbers of YLDs globally were between the ages of 40 and 69 years. Age-standardised YLD rates for all conditions combined were 10·4% (95% UI 9·0–11·8) higher in women than in men. Iron-deficiency anaemia, migraine, Alzheimer's disease and other dementias, major depressive disorder, anxiety, and all musculoskeletal disorders apart from gout were the main conditions contributing to higher YLD rates in women. Men had higher age-standardised rates of substance use disorders, diabetes, cardiovascular diseases, cancers, and all injuries apart from sexual violence. Globally, we noted much less geographical variation in disability than has been documented for premature mortality. In 2016, there was a less than two times difference in age-standardised YLD rates for all causes between the location with the lowest rate (China, 9201 YLDs per 100 000, 95% UI 6862–11943) and highest rate (Yemen, 14774 YLDs per 100 000, 11018–19228).



MacBook Air

B B C NEWS



**67% dos
municípios
do RS estão
em situação
de calamidade**

*Fonte: Governo do Rio Grande do Sul
Dados até 6 de maio de 2024*



Estresse

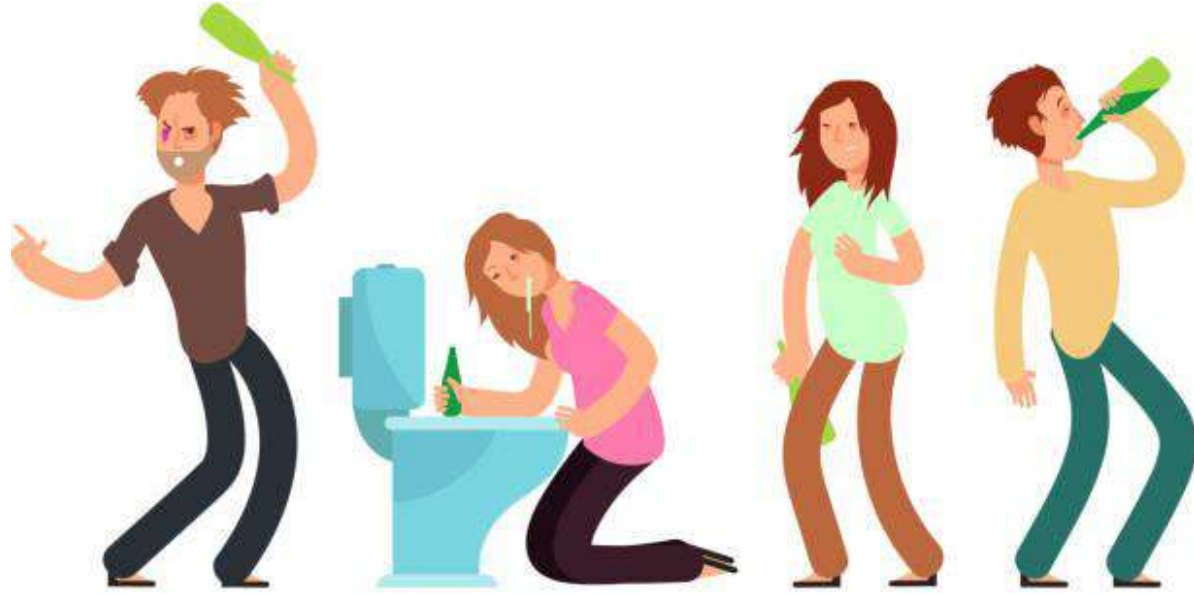
- O estresse é uma resposta do corpo às circunstâncias do dia a dia.



Ele pode ser um indício de alguma doença ou apenas uma reação pontual a condições externas, negativas ou positivas.



Já a depressão e os transtornos de ansiedade são doenças psiquiátricas crônicas.



- **Do not self-medicate with caffeine, alcohol, marijuana or other substances.** In moments of emotional suffering, some people use substances to mitigate depression, anxiety, insomnia or lack of energy. These substances are not useful to treat these conditions and can make the depression and anxiety worse.



Ansiedad
e normal

Ansiedad
e
patológica



Ansiedade patológica: sintomas

- Psicológicos
- Físicos



Sintomas psicológicos

- Angústia
- Apreensão ou medo
- Insegurança / comportamento evitativo
- Dificuldade de concentração
- Insônia
- Medo de morrer, ficar louco ou de perder o controle (crises de pânico)

Sintomas físicos

Palpitações,
dores no peito

Tremores ou
câimbras

Fraqueza,
cansaço fácil,
dores

Sintomas
urinários

Sintomas
digestivos

Falta de ar,
sudorese

Desmaios

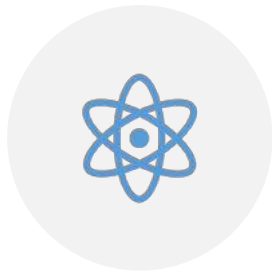


Tristeza

Depressã
o



Depressão: sintomas



SINTOMAS
PSICOLÓGICOS



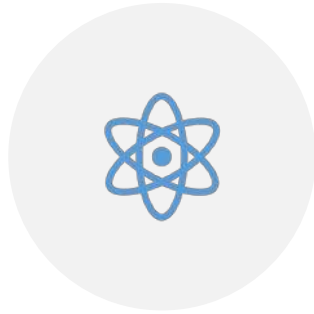
SINTOMAS
COGNITIVOS



SINTOMAS
COMPORTAMENTAIS



SINTOMAS FÍSICOS



SINTOMAS PSICOLÓGICOS

Humor deprimido

Falta de interesse ou prazer (anedonia)

Outros: ansiedade, irritabilidade,
hipersensibilidade à crítica ou rejeição,
indecisão



SINTOMAS COGNITIVOS

Dificuldades de memória, atenção e
concentração

Sentimentos de desvalia ou culpa

Distorções cognitivas



SINTOMAS COMPORTAMENTAIS

- Isolamento
- Redução na produtividade
- Crises de choro ou raiva
- Atritos e confrontos interpessoais
- Comportamentos : compulsivos, suicida, agressivo



SINTOMAS FÍSICOS





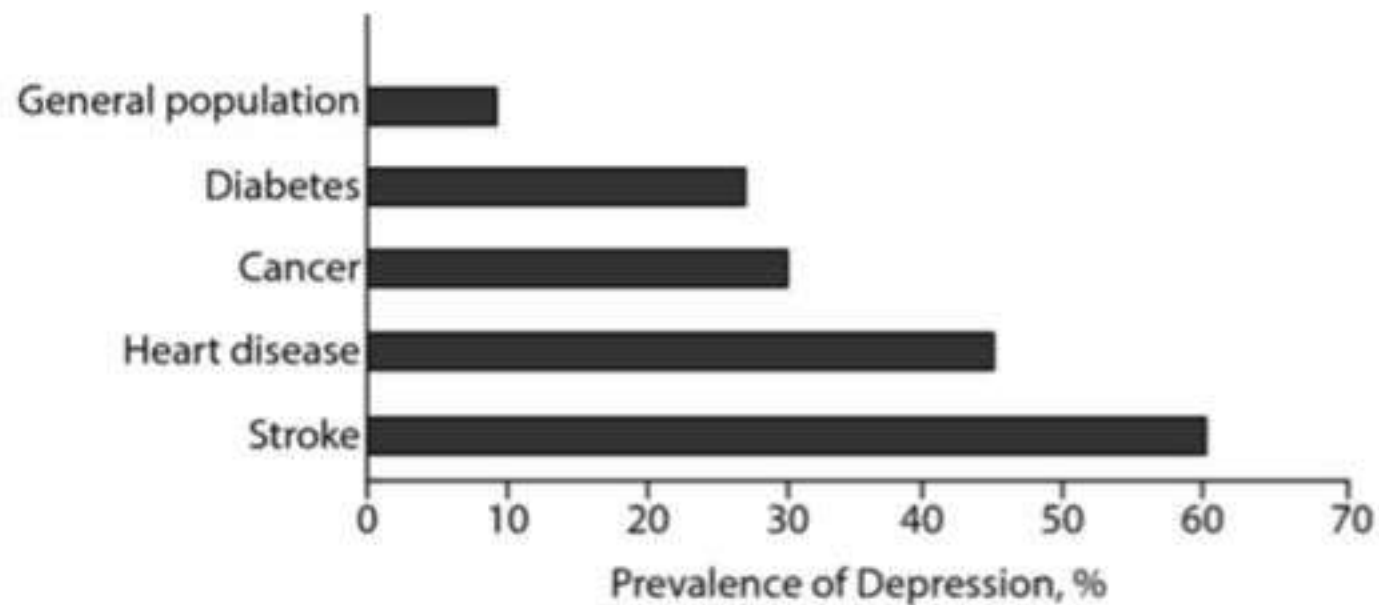
PMC full text: [Prim Care Companion CNS Disord. 2013; 15\(2\): PCC.12r01468.](#)

Published online 2013 Apr 4. doi: [10.4088/PCC.12r01468](#)

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Figure 1

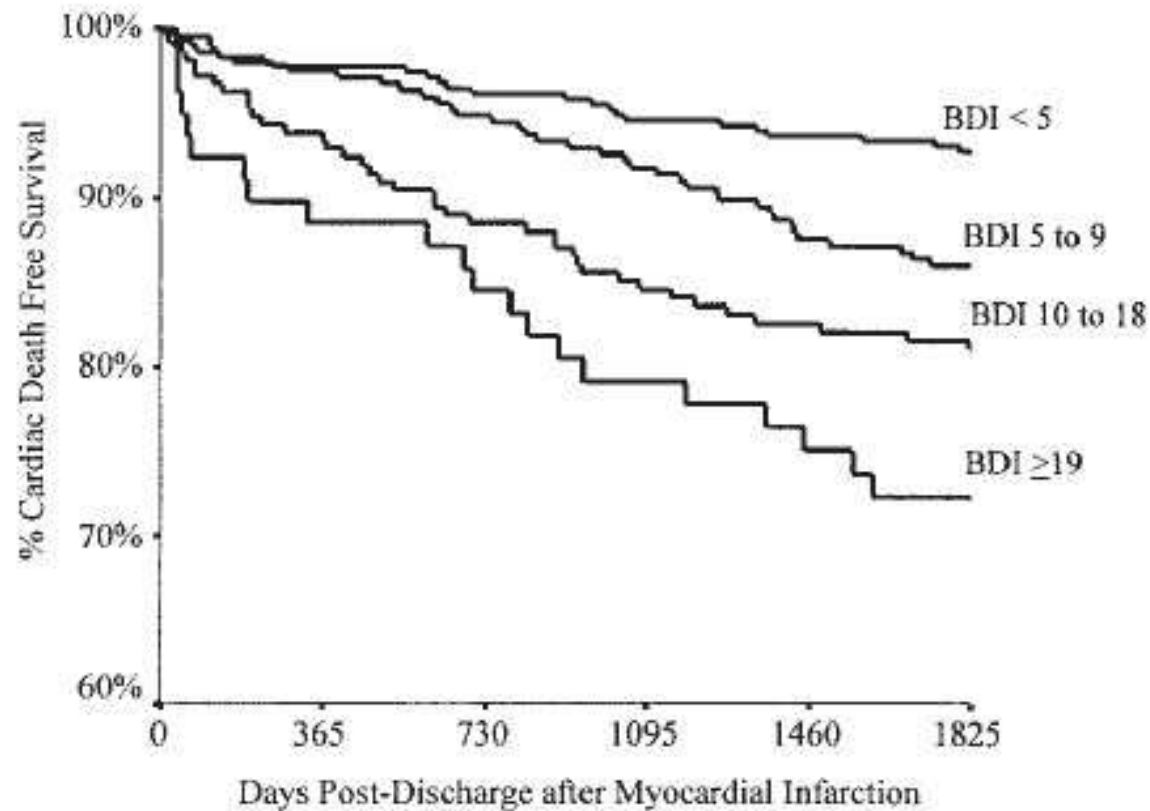


Prevalence of Depression in Major Chronic Illnesses

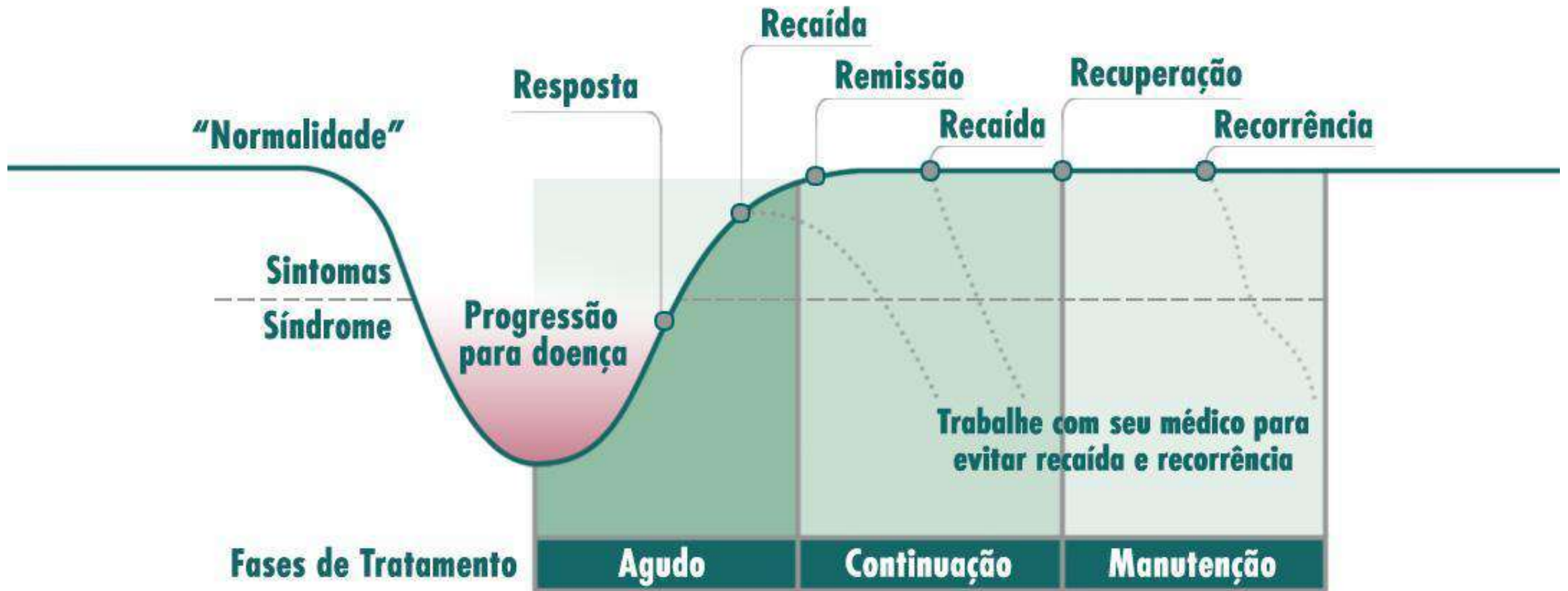
Impacto na Mortalidade Geral

Aumento da mortalidade por todas as causas.

Doenças cardiovasculares: forte preditor de mortalidade pós IAM



Fases do tratamento da depressão



Depressão: tratamento

Resposta: 50% de melhora dos sintomas

Remissão: Assintomático

Recuperação: Remissão sustentada

Recorrência:

- Um episódio depressivo prévio - 50%
- 2 episódios depressivos prévios- 70%
- 3+ episódios depressivos prévios- 90%



ELSEVIER



6 evidence-based methods to head off COVID-19-related depression and anxiety

A psychiatrist outlines home-based strategies to head off stress and depression during the coronavirus pandemic

By Elisa M Brietzke, MD - May 27, 2020



© istock.com/DjelicS



1. Aceitar que é normal se sentir mal na situação atual.

- **Accept that it is normal to feel bad in the current situation.** This is a very abnormal moment, and it is almost impossible to not be affected. This is a time to adjust our lifestyle to this acute challenge.

2. Faça o que já funcionou para você.

- **Use what worked for you in the past.**
Although this is a unique challenge, it is probable that the pandemic is not the first bad experience you had in your life. If something helped in the past, it probably will work again. Examples of coping strategies are distraction, praying, taking a warm bath, or reading your favorite book.

3. Faça meditação ou mindfulness

- **Practice meditation or mindfulness.** These techniques are very efficient and affordable ways to calm down unpleasant emotions. They have proved their therapeutic effect in several studies across the world. Easy ways to practice meditation and mindfulness can be found in apps and on YouTube.

4. Exercite-se

- **Exercise.** This is a powerful way to reduce the effects of depression and anxiety in our mind and body. There is no evidence that one type of exercise is superior to others. Possible things to do in periods of social isolation are yoga, walking and running (indoors or out), or just playing a nice song and dancing like nobody's watching.

5. Mantenha uma rotina

- **Keep a regular routine.** It is very common that individuals in social isolation start to develop a dysregulation in their sleep-wake cycle. Sleeping too little or too much is a symptom of depression. In addition, regulation of our rhythms is beneficial for the control of its symptoms. Simple attitudes such as having meals and taking a shower every day at the same time helps our body feel sleepy at the regular time.

6. Não se automedique

- **Do not self-medicate with caffeine, alcohol, marijuana or other substances.** In moments of emotional suffering, some people use substances to mitigate depression, anxiety, insomnia or lack of energy. These substances are not useful to treat these conditions and can make the depression and anxiety worse.

Doing What Matters in Times of Stress: An Illustrated Guide



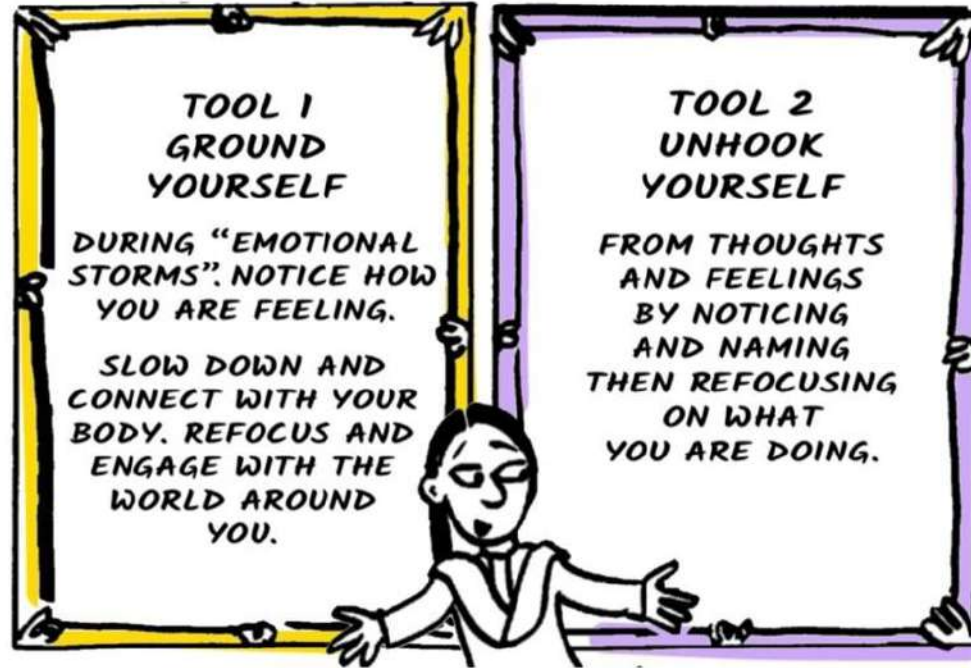
These are the pl



<https://bit.ly/W>



Practical skills can help you cope with stress



<https://bit.ly/WHOSStressManagement>



f the thoughts and associated with stress



Finding life hard



Worrying about the future

StressManagement

World Health Organization

Pilares existenciais da saúde

- Sentido
- Autonomia
- Significado social
- Dignidade

Obrigada!

cgama@hcpa.edu.br