

# Anxiety and depression scores reduction after six-months of biology therapy

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**Introdução:** Depression and anxiety are common in patients with rheumatic diseases and are associated with diminished health status (Værdy et al, 2005) increased health care utilization (Manning and Wells, 1992) and depression increases the risk of noncompliance behavior (DiMatteo, Lepper and Croghan, 2000). Like rheumatic diseases, depression and anxiety are linked with inflammatory process and though it is known the biological therapies effect in remission of the rheumatic diseases are not known its effect on depression and anxiety.

**Objetivos:** To evaluate the effect of biologic therapy regarding anxiety and depression scores in patients followed in the Day-Hospital of Rheumatology Department after 6-months. To explore the correlation of these two Mental Health scores with demographic and clinical variables.

**Metodologia:** Consecutive biologic treated patients beginning biological therapy were included. The Portuguese validated version of Hospital Anxiety and Depression Scale (HADS) was assessed using the self-questionnaire. Patients were characterized for demographic characteristics, functional capacity (HAQ), disease activity (DAS283v or BASDAI) and Pain and Disease Activity Visual Analogical scale at baseline, 3 months and 6 months. As primary outcome anxiety and depression reduction were evaluated with Wilcoxon Signed Ranks Test. For second outcome analyses Spearman Correlation Coefficient was performed. We considered  $p < .05$  for statistically significant differences using SPSS® 17.0 version.

**Resultados:** Since January 2011 seventeen patients were included (12 females, mean age  $48.23 \pm 14.2$  years), diagnosed with rheumatoid arthritis (7), psoriatic arthritis (5), spondylitis anquilosant (3) and idiopathic juvenile arthritis (2), and medicated with etanercept (9), tocilizumab (3); infliximab (3) and adalimumab (2). From baseline to 6-months this patients improved on: Disease Activity Perception (  $n=17=67.2 \pm 14.0$  to  $n=17=28.1 \pm 20.7$ ) pain (  $n=17=61.1 \pm 11.2$  to  $n=17=26.2 \pm 18.2$ ), HAQ (  $n=12=1.5 \pm 0.4$  to  $n=12=0.6 \pm 0.4$ ), DAS28 3v (  $n=11=4.66 \pm 1.18$  to  $n=11=2.60 \pm 0.88$ ), BASDAI (  $n=5=6.77 \pm 1.26$  to  $n=5=1.89 \pm 1.26$ ). After 3-months we observed a statistically significant reduction on Anxiety ( $Z=-3.531$ ,  $p=.000$ ; 14 patients decrease and 3 increase) and Depression ( $Z=-3.107$ ,  $p=.002$ ; 13 decrease and 4 increase). Similar but better results were observed at 6-months on Anxiety ( $Z=-3.287$ ,  $p=.001$ ; 16 decrease and 1 increase) and Depression ( $Z=-2.542$ ,  $p=.011$ ; 14 decrease, 2 increase and 1 tie). Variation of Anxiety and Depression at 6 months don't have statistically significant correlation with other variables variation ( $p > .05$ ) which not allowed us to perform multiple linear regression analysis.

**Conclusões:** Biologic therapy conducted to a high reduction on Anxiety and Depression scores even after 3 months, with better results as 6-months. The non correlation with other variables variation leads us to conclude that probably this mental health conditions deserve a particular attention on clinical practice and further research. To face the limitations of this study we want to improve the sample. In further research can be interesting evaluate Anxiety and Depression with other instruments (SF-36, psychiatric evaluation) for better understand the impact of Anxiety and Depression in the quality of life.

**Palavras-chave:** Anxiety, depression, Rheumatic diseases, Biologics.

**Referências bibliográficas (max. 4 - Norma APA):** Dickens, C., McGowan, L., Clark-Carter, D., Creed, F. (2002). Depression in rheumatoid arthritis: a systematic review of the literature with meta-analysis. *Psychosom Medicine*, 64, 52. DiMatteo, M. Robin, Lepper, Heidi S., Croghan, Thomas W. (2000). Depression Is a Risk Factor for Noncompliance With Medical Treatment Meta-analysis of the Effects of Anxiety and Depression on Patient Adherence. *Archives of Internal Medicine*, 160, 2101-2107 Manning, W., Wells, K. B. (1992). The effect of psychological distress and psychological well-being on use of medical services. *Medical Care*, 30,

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541-553. Værøy, H., Tanum, L., Bruaset, H., Mørkrid, L., Førre, Ø. (2005). Symptoms of depression and anxiety in functionally disabled rheumatic pain patients. *Nordic Journal of Psychiatry*, 59, 109-113.

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