

Importance of perspective dimensional psychopathology of depression: a proposal of evaluation for Brazilian patients in different settings

A importância da perspectiva dimensional da psicopatologia da depressão: uma proposta de avaliação aos pacientes brasileiros em diferentes contextos

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Dear Editor,

Studies have shown that depressive mood disorder represents a global public health problem. In addition to its high prevalence rates, investigations suggest it is increasing in developing countries such as Brazil⁽¹⁾.

Given this scenario, we seek to contribute to the diagnosis and most appropriate treatment for unipolar depressive disorder by adapting and validating an instrument for the dimensional approach to symptom assessment for the Brazilian culture.

The SVARAD (*Scala per la Valutazione Rapida Dimensionale or Scale for Rapid Dimensional Assessment*) is a scale that allows the valid and reliable assessment of the main psychopathological dimensions in patients with depression. Developed at a European university, its primary objective is to facilitate intensive medical care practices in various settings, including emergency services, without the intention of replacing the more complex and articulated scales used in psychiatry⁽²⁾.

It is a five-point rating scale (0-4) consisting of 10 items, with a quick and simple summation that can be easily used in clinical practice. It explores the

following: 1. apprehension/fear, 2. sadness/demoralization, 3. anger/irritability, 4. obsession, 5. apathy, 6. impulsivity, 7. distortion of reality, 8. disorganized thoughts, 9. somatic concern/somatization, and 10. activation. The activation symptoms are defined by three items on this scale: item 3, defined as irritation, anger, resentment, irritability, hostility, verbal or physical violence; item 6, defined as a tendency to suddenly change behavior improperly or with the potential of hurting oneself, without reflecting on the consequences of one's own actions; and item 10, defined as increased motor activity, acceleration of ideas, disinhibition, increased energy and self-confidence, euphoria or irritability⁽²⁾.

The results of studies conducted with SVARAD conclude that the instrument allows the detection of symptoms that may be involved in treatment and patient prognosis. One study is notable for observing a high prevalence of activation symptoms in patients with unipolar depression, which may lead to a misguided therapeutic proposal and, consequently, to a change in the course of the disease⁽³⁻⁴⁾. For example, a depressed patient with a prevalent apathy dimensional component may benefit from the use of antidepressants with noradrenergic and dopaminergic effects; however, another patient with a diagnosis of depression but with intense irritability and aggressiveness may benefit from the combination of a selective serotonin reuptake inhibitor and anti-convulsant⁽⁵⁾. This dimensional approach provides for more appropriate drug treatment planning to tailor the treatment to the patient's presentation, including disease severity⁽⁵⁾.

In the psychiatric service where it was developed, this scale has been systematically and continuously used in conjunction with other instruments that use a categorical approach, which are widespread in the literature (DSM and CID). Outside of this context, this scale has also been used in cancer patients, illustrating its applicability in other areas⁽⁶⁾.

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In conclusion, this proposed validation, which began with application training at the institute where it was developed, aims to provide a resource for instrument-based diagnoses combined with appropriate therapeutic interventions, allowing comparison among culturally diverse populations and expanding its use within a general hospital context.

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