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STAGING OF UNIPOLAR DEPRESSION AND QUALITY OF LIFE: A LONGITUDINAL STUDY IN SEVERE INPATIENTS

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Introduction: Staging method, the conceptualization of the longitudinal development of a mental disorder, has been increasingly applied to unipolar depression. Specific clinical features have been described for each stage. No information has been provided on quality of life (QoL) even though it can largely influence patients perception of the illness. Objective: This study aimed at assessing the prevalence of different stages of unipolar depression in inpatients with severe unipolar depression and verify the levels of QoL at different stages. Methods: Longitudinal study with 137 inpatients with severe unipolar depression assessed by the staging model of unipolar depression. The EUROHIS-QOL 8-item and the WHOQOL-BREF instrument were used to assess QoL. Statistical analysis by ANOVA linearity test. Results: Rates of the different stages: stage 2, 21% (n=29); stage 3, 14% (n=19); stage 4, 50% (n=68); stage 5, 15% (n=21). At admission, a linear reduction in QoL was observed with the progression of stages in the EUROHIS-QOL instrument [2=3.04 (SD=0.73), 3=2.62 (SD=0.86), 4=2.5 (SD=0.67), 5=2.3 (SD=0.67), $p < 0.001$] and in all domains of the WHOQOL-BREF: Physical [2=44.82 (SD=12.61), 3=46.24 (SD=14.60), 4=43.75 (SD=12.94), 5=34.35 (SD=14.48), p=0.023], Psychological [2=49.82 (SD=17.95), 3=38.15 (SD=12.04), 4=42.05 (SD=16.88), 5=34.76 (SD=15.20), p=0.006], Social [2=56.89 (SD=25.49), 3=42.54 (SD=23.55), 4=42.52 (SD=25.80), 5=38.49 (SD=25.47), p=0.008] and Environmental [2=53.77 (SD=17.88), 3=46.21 (SD=15.25), 4=48.39 (SD=18.10), 5=41.81 (SD=19.02), p=0.044]. At discharge, this linear reduction persisted in the EUROHIS QOL [2=3.66 (SD=0.52), 3=2.99 (SD=0.85), 4=3.25 (SD=0.73), 5=3.12 (SD=0.59), p=0.027] and in the Physical [2=66.61 (SD=16.21), 3=50.00 (SD=21.64), 4=54.64 (SD=18.69), 5=48.73 (SD=16.31), p=0.005] and Psychological [2=63.22 (SD=17.39), 3=45.00 (SD=23.15), 4=56.01 (SD=18.46), 5=46.56 (SD=18.76), p=0.048] domains of the WHOQOL-BREF. Conclusion: A high rate of inpatients is at stage 4 of unipolar depression. A linear worsening of QoL was observed along the progression of the stages, thus the patients perception of the impact of the disease matched with the clinicians observation. Staging allowed to identify at which point of the progression of the illness each patient is and its implication in terms of QoL. Staging is an important clinimetric tool to be implemented to have a comprehensive understanding of the clinical realm.