

The importance of Primary Health Care in the recognition and therapeutic approach to depression in older adults

A importância da Atenção Primária à Saúde no reconhecimento e na abordagem terapêutica da depressão em idosos

La importancia de la atención primaria de salud en el reconocimiento y abordaje terapéutico de la depresión en personas mayores

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Abstract

Introduction: With the rapid increase in the elderly population, depression has become a growing public health concern, especially due to factors such as social isolation and comorbidities. Primary Health Care (PHC) is seen as essential for the early detection and treatment of this condition.

Objective: The study aimed to identify the main complications related to these symptoms, select the most effective tools for early screening of depression, and describe the therapeutic approaches used in this population. **Method:** The integrative review included articles from databases such as Medline and Scopus, published between 2015 and 2024, and highlighted evidence-based practices.

Results: The results showed that group interventions, such as cognitive-behavioral therapy and community activities, are effective in reducing depressive symptoms, while the Geriatric Depression Scale (GDS) was widely used for early screening. Despite the effectiveness of tools like the Mini-Mental State Examination, the lack of national standardization for screening tools was identified as a challenge. **Conclusão:** It is concluded that PHC plays a central role in promoting healthy aging, although it is necessary to standardize diagnostic tools and train health professionals for a more integrated approach.

Keywords: Aged; Depression; Health promotion; Mental health; Primary Health Care.

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Resumo

Introdução: Com o aumento acelerado da população idosa, a depressão tem se tornado uma crescente preocupação de saúde pública, especialmente devido a fatores como isolamento social e comorbidades, e a Atenção Primária à Saúde (APS) é vista como essencial para a detecção precoce e o tratamento dessa condição. **Objetivo:** O estudo teve como objetivo identificar os principais agravos relacionados a esses sintomas, além de selecionar os instrumentos mais eficazes para o rastreamento precoce da depressão e descrever as abordagens terapêuticas utilizadas nessa população. **Método:** A revisão integrativa incluiu artigos de bases como *Medical Literature Analysis and Retrieval System Online (Medline)* e Scopus, publicados entre 2015 e 2024, e destacou práticas baseadas em evidências. **Resultados:** Os resultados mostraram que intervenções em grupo, como a terapia cognitivo-comportamental e atividades comunitárias, são eficazes na redução de sintomas depressivos, enquanto a Escala de Depressão Geriátrica (EDG) foi amplamente usada para rastreamento precoce. Apesar da eficácia de instrumentos como o Mini Exame do Estado Mental, a falta de padronização nacional para ferramentas de rastreamento foi identificada como um desafio. **Conclusão:** Conclui-se que a APS tem um papel central na promoção de um envelhecimento saudável, embora seja necessário padronizar os instrumentos de diagnóstico e capacitar os profissionais de saúde para uma abordagem mais integrada.

Palavras-chave: Idoso; Depressão; Promoção da saúde; Saúde mental; Atenção Primária à Saúde.

Resumen

Introducción: Con el acelerado aumento de la población de personas mayores, la depresión se ha convertido en una preocupación creciente de salud pública, especialmente debido a factores como el aislamiento social y las comorbidades. La Atención Primaria de Salud (APS) se considera esencial para la detección temprana y el tratamiento de esta condición. **Objetivo:** Este estudio tuvo como objetivo identificar los principales agravantes relacionados con estos síntomas, seleccionar los instrumentos más eficaces para el cribado temprano de la depresión y describir las estrategias terapéuticas empleadas en esta población. **Método:** La revisión integrativa incluyó artículos de bases de datos como Medline y Scopus, publicados entre 2015 y 2024, y destacó prácticas basadas en la evidencia. **Resultados:** Los resultados mostraron que intervenciones grupales, como la terapia cognitivo-conductual y las actividades comunitarias, son eficaces para reducir los síntomas depresivos, mientras que la Escala de Depresión Geriátrica (EDG) fue ampliamente utilizada para el cribado temprano. A pesar de la eficacia de instrumentos como el Mini Examen del Estado Mental, la falta de una estandarización nacional para las herramientas de cribado fue identificada como un desafío. **Conclusión:** Se concluye que la APS juega un papel central en la promoción de un envejecimiento saludable, aunque es necesario estandarizar los instrumentos de diagnóstico y capacitar a los profesionales de salud para una intervención más integral.

Palabras clave: Anciano; Depresión; Promoción de la salud; Salud mental; Atención Primaria de Salud.

INTRODUCTION

Depression is an increasingly significant public health concern, affecting approximately 300 million people worldwide. Among older adults aged 75 and above, the prevalence reaches 17.1%, particularly in contexts involving pain and social isolation.¹ In Brazil, the 2019 National Health Survey (*Pesquisa Nacional de Saúde – PNS*) reported that 13% of individuals aged 60 to 64 experience depression, making it the most common mental disorder in this age group.² Depression is closely linked to negative impacts on quality of life (QOL) and is frequently underdiagnosed.³

The rapid growth of the aged population worldwide, including in Brazil, where older adults accounted for 13.5% of the population in 2018, demands an urgent reorganization of health services.² The physical, emotional, and social changes associated with aging increase the vulnerability of this population to chronic and complex conditions, including mental disorders, which are often triggered by stressful life events, illness, and social isolation.^{4,5} A study conducted in Northeastern Brazil found that 55.8% of older adults reported symptoms of common mental disorders, including nervousness, tension, and a depressive mood.⁶

Factors such as social isolation, grief, comorbidities, and advancing age, particularly among older adults with low educational attainment, exacerbate mental health problems in this population, with a higher prevalence observed among women. However, misconceptions that mental health issues are a natural

part of aging hinder early diagnosis and appropriate treatment.⁷ In this context, the training of health professionals for interdisciplinary practice is essential, with an emphasis on mental health promotion strategies. Primary Health Care (PHC) serves as a key setting for implementing holistic, community-centered approaches.

International guidelines, such as the International Plan of Action on Ageing (IPAA) and the World Health Organization's (WHO) Comprehensive Mental Health Action Plan, emphasize the importance of strategies aimed at the early identification and appropriate treatment of mental disorders in older adults. These guidelines highlight the promotion of healthy aging and the integration of care networks as key objectives.^{8,9} PHC, with its multidisciplinary teams and community-based approach, plays a critical role in implementing these strategies, particularly in the promotion and prevention of mental health conditions.

Despite the critical role of PHC in addressing the health needs of older adults, mental health care continues to face significant challenges. A study conducted in municipalities in southeastern Brazil revealed that mental health promotion and prevention activities remain limited, with a predominant emphasis on Chronic Noncommunicable Diseases (NCDs), while broader psychosocial approaches receive minimal attention.¹⁰ Although PHC plays a key role in managing depression and other mental disorders, there is an urgent need to expand mental health promotion efforts and to strengthen specialized services, such as Psychosocial Care Centers (*Centros de Atenção Psicossocial – Caps*), in order to ensure comprehensive care.¹¹

In light of this scenario, it is essential that health policies in Brazil and globally strengthen mental health care for older adults by promoting preventive measures and appropriate treatments within the scope of PHC. WHO projects that by 2030, 80% of countries will have effectively integrated mental health services into PHC, acknowledging the critical importance of addressing mental disorders and their impact on the quality of life of the elderly population.¹

This study aimed to highlight the role of PHC in the early detection of depressive symptoms in older adults, as reported over the past decade. The objectives were to identify the main issues associated with these symptoms, to select the most effective instruments for early screening of depression, and to describe the therapeutic approaches employed in this population. The study examined the most up-to-date assessment tools and treatment practices that support healthy and high-quality aging. Accordingly, it sought to analyze how such care is being implemented, the challenges encountered, and the strategies recommended in the literature, with the goal of improving quality of life and strengthening comprehensive and preventive mental health care for the aged.

METHODS

The integrative review is a research method that enables a broad and systematic analysis of scientific studies, contributing to the characterization and dissemination of existing knowledge.^{12,13} This type of review adheres to the same standards of rigor, clarity, and replicability required in primary studies and is considered the most comprehensive methodological approach among literature review types.¹⁴ The integrative review process followed six steps: defining the theme and formulating the research question; establishing eligibility criteria; conducting a search in scientific databases; evaluating and critically analyzing the selected studies; categorizing the data; and interpreting and presenting the results.¹⁴

The research was guided by a protocol developed by the authors, enabling a clear definition of the study objectives and the precise identification of variables of interest. This facilitated the selection

of the sample, the focus of the investigation, and its boundaries. The formulation of the research question was based on the PICO strategy (P=Population; I=Interest; Co=Context),¹⁵ structured as follows: P – older adults; I – mental health promotion actions; Co – Primary Health Care. Accordingly, the investigation was guided by the following question: How is depression being screened, identified, and measured in older adults within Primary Health Care, and what are the most commonly reported strategies for its prevention and management in the literature?

To ensure a comprehensive and thorough search, the bibliographic survey was conducted across multiple electronic databases, including Medical Literature Analysis and Retrieval System Online (Medline), the US National Library of Medicine (PubMed), Latin American and Caribbean Literature in Health Sciences (*Literatura Latino-Americana e do Caribe em Ciências da Saúde* – Lilacs), Web of Science, Scopus (Elsevier), and Scientific Electronic Library Online (SciELO). The objective was to identify studies addressing both the instruments used for screening and assessing depression in older adults and the mental health promotion and prevention interventions implemented in PHC. Inclusion criteria comprised primary articles reporting mental health promotion actions within PHC; published between 2015 and 2024; written in English, Portuguese, or Spanish, with full text available. Exclusion criteria included editorials, theses, dissertations, review articles, duplicate studies identified across databases, and articles that did not address the research question.

To organize data collection, an advanced search strategy was employed, tailored to the specific features of each database. The search combined Boolean terms such as: “*idoso*” OR “aged” OR “elderly” OR “geriatric” OR “geriatrics” AND “*promoção da saúde*” OR “health promotion” OR “health education” OR “*educação em saúde*” AND “*saúde mental*” OR “*depressão*” OR “depression” AND “*atenção primária à saúde*” OR “primary health care” OR “*atenção básica*” OR “primary care.” Article selection was conducted independently and blindly by two reviewers, who, after screening titles and abstracts, reached an agreement rate exceeding 90%.

Data extraction and synthesis from the selected articles were conducted using a data collection instrument developed by the researchers, ensuring consistency in the analysis of the studies. Extracted information included the author’s name, year of publication, country of origin, study design, instruments used for screening and assessing depression, mental health promotion and prevention strategies described, and the main contributions of each study. The level of evidence was assessed according to evidence-based practice guidelines and categorized into seven levels, as defined by established scientific methodologies.¹⁵ These levels are as follows: Level 1 – evidence from systematic reviews or meta-analyses of randomized controlled trials, or from clinical guidelines based on such reviews; Level 2 – evidence from well-designed randomized controlled trials; Level 3 – evidence from well-designed clinical trials without randomization; Level 4 – evidence from well-designed cohort or case-control studies; Level 5 – evidence from systematic reviews of descriptive and qualitative studies; Level 6 – evidence from a single descriptive or qualitative study; and Level 7 – evidence based on expert opinion or reports from authoritative committees.¹⁶

The selection of publications adhered to the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), as illustrated in Figure 1. Data collection was conducted in two phases. In the first phase, 4,011 publications were identified. After applying the inclusion and exclusion criteria, 28 articles were selected to comprise the final sample of this review. The data were organized into a table, and both the critical analysis and reflective synthesis were conducted descriptively, based on the findings related to the implementation of psychosocial care within the context of primary care.

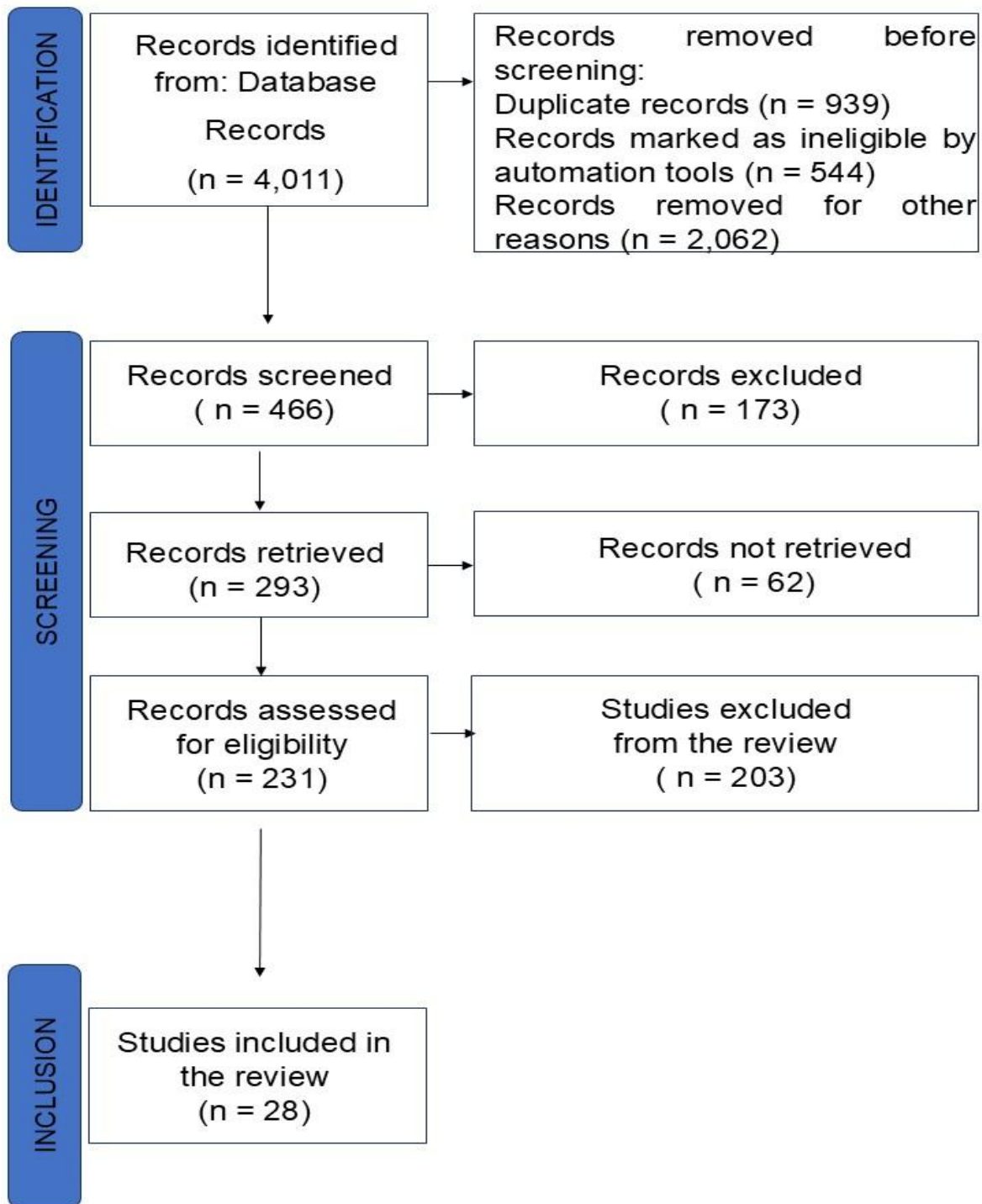


Figure 1. Flowchart of primary study selection, developed according to PRISMA guidelines.

As this was an integrative review, submission to a Research Ethics Committee was not required; however, the intellectual contributions of the authors of the analyzed studies were duly acknowledged and respected.

RESULTS AND DISCUSSION

As shown in Chart 1, which summarizes the analysis of the selected articles, group-based preventive interventions were found to be effective in reducing depressive symptoms and promoting mental health among older adults. This approach to care is considered promising, as it not only alleviates psychological distress but also contributes to improving quality of life in this population. These strategies emphasize the human dimension of care by fostering active listening, strengthening interpersonal bonds, and promoting emotional connection between participants and healthcare professionals.

Chart 1. Summary of published studies on the role of Primary Health Care in the identification and treatment of depressive symptoms in older adults

Author/Year	Title	Objective	Study type	Therapeutic approach	Outcomes
Cruz et al. (2024) ³	Depressão na terceira idade: impactos, diagnóstico e abordagens terapêuticas	Reviewing risk factors, diagnosis, and therapeutic approaches for depression in older adults.	Literature review	Pharmacological: antidepressants (SSRIs, SNRIs, tricyclics); Psychosocial: social support, socialization activities.	Multidisciplinary interventions improve the quality of life of older adults. Early diagnosis and personalized approaches are important.
Souza et al. (2022) ⁴	Ações de promoção e proteção à saúde mental do idoso na Atenção Primária à Saúde: uma revisão integrativa	Analyzing mental health promotion and protection actions for the aged in Primary Health Care	Integrative review	Group activities, memory workshops, matrix support, health education.	Group activities reduce depressive symptoms; memory workshops strengthen socialization; health education promotes health literacy; matrix support is essential, yet still incipient.
Valença Neto et al. (2023) ⁶	Prevalência e fatores associados à suspeição de transtornos mentais comuns em idosos: um estudo populacional	Investigating the prevalence and associated factors of suspected Common Mental Disorders (CMDs) in urban elderly in Aiquara-BA.	Cross-sectional population-based study	Promotion of physical activity; improvement in sleep quality; psychological interventions; medication treatment.	The prevalence of suspected CMDs was 32.6%, mainly associated with women, older adults with negative self-perception of health, sleep disorders, and low levels of physical activity. The main associated factors were being insufficiently active and having a negative perception of health.
Santos et al. (2020) ⁷	Fatores associados aos sintomas depressivos e cognição em idosos vítimas de violência	Identifying factors associated with depressive symptoms and cognitive function in aged victims of violence.	Cross-sectional study	Use of scales such as the Geriatric Depression Scale, Mini-Mental State Examination, and other tools for assessing depressive and cognitive symptoms.	Depressive symptoms were more prevalent in men over 70 years old, without a partner, illiterate, unemployed, and living alone. Cognitive deficit predominated in women with similar characteristics. The absence of a partner and cognitive deficit were associated with depressive symptoms.

Continue...

Chart 1. Continuation.

Author/Year	Title	Objective	Study type	Therapeutic approach	Outcomes
Cordeiro et al. (2020) ¹⁰	Perfil de saúde mental de idosos da comunidade: um estudo transversal	Describing the mental health profile of older adults registered in a Family Health Unit in Recife-PE.	Descriptive quantitative study	Geriatric depression, resilience, social support, life satisfaction, positive and negative affects, Mini-Mental State Examination, inventory of stressful events, Brazil Old Age Schedule.	The majority were women, younger seniors, and literate. Most were satisfied with life, with 52.2% showing no depressive symptoms and 68.6% with no cognitive deficit. However, 62% of older adults with depressive symptoms presented cognitive deficits. The evaluation of these indicators helps identify triggers of psychological distress and supports the nursing team in developing preventive and care actions.
Silva et al. (2023) ¹¹	A percepção de saúde mental em idosos participantes de um grupo de convivência na comunidade	Analyzing mental health perception among aged people in a social group.	Descriptive, exploratory, qualitative study	Social group as a support strategy.	In this study, 66.7% of older adults presented depressive symptoms; the social group proved relevant as a coping strategy, promoting active aging and social support.
Miranda et al. (2024) ¹⁷	Análise entre o atendimento na Atenção Primária de Saúde e a diminuição no número de casos de depressão em idosos no Brasil	Analyzing the relationship between Primary Health Care (PHC) and reduction in elderly depression cases in Brazil.	Ecological, cross-sectional, observational study	PHC as a strategy for mental health promotion, focusing on early detection and treatment of depression in older adults.	PHC contributes to reducing cases of depression through preventive interventions, although around 50% of depression cases in older adults go undiagnosed. Early detection is essential to prevent disease progression and minimize its negative impact on functionality and independence.
Monteiro et al. (2024) ¹⁸	Rastreamento de sintomas depressivos e fatores associados em idosos na Atenção Primária à Saúde	Estimating the prevalence and associated factors of depressive symptoms in age individuals registered in Family Health Strategies.	Observational, analytical, cross-sectional study	Diagnosis: Geriatric Depression Scale; multidimensional approach including sociodemographic and functional variables.	The prevalence of depressive symptoms was 21.2%. Associated factors included: female gender, negative health self-perception, alcohol use, feelings of sadness/loneliness, and family dysfunction.

Continue...

Chart 1. Continuation.

Author/Year	Title	Objective	Study type	Therapeutic approach	Outcomes
Devita et al. (2022) ¹⁹	Recognizing depression in the elderly: practical guidance and challenges for clinical management	Reviewing definitions, clinical manifestations, risk/protective factors and underdiagnosis in elderly depression.	Narrative review	No therapeutic intervention was applied.	Depression is common in older adults but often goes undetected and untreated. The article provides a practical approach for the comprehensive and multidisciplinary care of older adults with depression, including guidance on recognition, diagnosis, and treatment, addressing challenges such as cognitive decline and symptom overlap.
Marcelino et al. (2022) ²⁰	Prevalência de sintomas depressivos e condições de saúde em idosos atendidos na Atenção Primária à Saúde	Analyzing the prevalence of depressive symptoms and health conditions in aged individuals in Primary Health Care.	Observational, cross-sectional research	Not applicable.	The prevalence of depressive symptoms was 63.1%, affecting 78 out of 130 older adults studied. Associated variables included female gender, age between 60 and 69 years, monthly income of 1 to 3 minimum wages, education over 9 years, and comorbidities.
Moreira et al. (2022) ²¹	Fatores associados à depressão em idosos: uma revisão integrativa	Understanding the factors related to depression in older adults, correlating them with other diseases, diagnosis, incidence, and treatment.	Integrative literature review	Treatments include physical exercise, medications, and psychotherapy.	The incidence of depressive symptoms reaches up to 15% in community-dwelling older adults and 30% in institutions. Risk factors include economic dependence, chronic illnesses, loss of social ties and support, recent losses, and living alone. It is concluded that depression in older adults requires greater attention due to this population's vulnerability.
Paixão e Campos, (2022) ²²	Depressão em idosos: prevalência e fatores associados	Summarizing studies on elderly depression to identify the main associated factors (2012–2021).	Integrative literature review	Not applicable.	Factors associated with depression in older adults include female gender, low socioeconomic status, absence of a partner, and low educational level.

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Chart 1. Continuation.

Author/Year	Title	Objective	Study type	Therapeutic approach	Outcomes
Persequino et al. (2022) ²³	Vulnerability and quality of life of older persons in the community in different situations of family care	Correlating sociocontextual aspects, physical vulnerability, and quality of life in different family care situations.	Cross-sectional, analytical study	No therapeutic intervention was applied.	The study used the following instruments: Vulnerable Elders Survey-13 (VES-13), WHOQOL-OLD, WHOQOL-BREF, and a questionnaire on socio-contextual data. Vulnerable older adults with low family closeness had worse quality of life scores. Older adults with close family ties and no vulnerability had better quality of life.
Tavares et al. (2022) ²⁴	Validade do Prisma-7 na identificação da Síndrome de Fragilidade em idosos na Atenção Primária à Saúde	Validating Prisma-7 against the Frailty Phenotype and Groningen Indicator.	Concurrent validation study	Application of Prisma-7.	Prisma-7 showed a sensitivity of 19.4% and specificity of 97% compared to the Frailty Phenotype, and a sensitivity of 11.1% and specificity of 94% compared to the Groningen Frailty Indicator. Concordance with the Frailty Phenotype was low (Kappa=0.233, p<0.01; agreement percentage=76.5%), and even lower with the Groningen Indicator (Kappa=0.061, p>0.05; agreement=77.2%). It is concluded that Prisma-7 should be used with caution.
Faveri et al. (2021) ²⁵	Depressão em idosos: fatores associados e manejo terapêutico.	Understanding the profile, prevention, and treatment of depressive symptoms in aged adults.	Integrative bibliographic study	Prevention and treatment of depressive symptoms in older adults, promoting self-care, health education, and expanding the care network.	Older adults affected by depression, coexistence of comorbidities, importance of self-care, and family involvement. Health professionals should be alert to signs of depression and provide effective care, with a focus on continuous training and improved therapeutic options.

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Chart 1. Continuation.

Author/Year	Title	Objective	Study type	Therapeutic approach	Outcomes
Ly et al. (2021) ²⁶	Late-life depression and increased risk of dementia: a longitudinal cohort study	Determining if late-life depression (LLD) leads to faster cognitive decline.	Prospective longitudinal study	Not applicable.	Participants with LLD showed significant baseline impairment but did not decline more rapidly. Those with late-onset depression (LOD) had a faster decline in verbal skills and memory.
Soares et al. (2021) ²⁷	A importância da Atenção Primária à Saúde na detecção e terapêutica de sintomas depressivos em idosos	Demonstrating primary health care's role in managing elderly depression.	Integrative review	Diagnosis: early screening using tools such as the Geriatric Depression Scale; Therapy: pharmacological and psychosocial.	Early detection in primary care can prevent worsening of depressive symptoms and improve the quality of life of older adults.
Leal et al. (2020) ²⁸	Condições de vida do idoso frente ao êxodo etário em ascensão	Describing the socioeconomic and family arrangement of aged individuals in a Family Health Strategy	Descriptive study	No direct therapeutic intervention was applied.	Predominance of female gender, mostly married, retired, with low education and an average family income of just over one minimum wage. The demographic transition and aging exodus directly impact the quality of life and health of older adults.
Abrantes et al. (2019) ²⁹	Depressive symptoms in older adults in basic health care	Identifying depressive symptoms in older adults in primary care.	Cross-sectional, quantitative, descriptive-exploratory research	Screening and protection and promotion actions to prevent depressive symptoms in older adults in primary care.	Most older adults (75%) did not present depressive symptoms. There was a predominance of individuals satisfied with life (84.2%), happy (76.1%), and full of energy (69.2%). However, 43% had stopped activities and 54.2% feared something bad might happen. The study highlights the importance of primary care in promoting active aging and preventing health deterioration.
Aguiar et al. (2019) ³⁰	Evaluation of functional disability and associated factors in the elderly	Estimating prevalence and sociodemographic/health factors linked to disability.	Cross-sectional study	No direct therapeutic intervention was applied, but the study used the Geriatric Depression Scale (GDS-15), the Katz Index, and the Lawton and Brody Scale.	Prevalence of 21.4% for disability in basic activities and 78.3% for instrumental activities; stroke, frailty, and depression were associated factors.

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Chart 1. Continuation.

Author/Year	Title	Objective	Study type	Therapeutic approach	Outcomes
Uchoa et al. (2024) ³¹	Fatores associados a sintomas depressivos e capacidade funcional em idosos	Identifying the prevalence and factors linked to depressive symptoms and functional capacity in aged individuals.	Analytical, cross-sectional study	Use of tools such as the Geriatric Depression Scale and the Katz and Lawton and Brody scales for early detection of depression and functional incapacity.	The prevalence of depressive symptoms was 22%, higher among older adults with poor self-perception of health, sedentary lifestyle, and those not participating in social groups. Dependence on instrumental activities of daily living was 46%, associated with depressive symptoms and advanced age. The study reinforces the importance of early detection to prevent the worsening of these conditions.
Apóstolo et al. (2018) ³²	Capacidade de rastreio da Escala de Depressão Geriátrica com 10 e 5 itens	Evaluating the screening capacity for depression of the abbreviated versions GDS-10 and GDS-5 of the Geriatric Depression Scale, using the diagnostic criteria of major depressive episode as the gold standard.	Observational, quantitative study	Not applicable; study focused on the evaluation of screening tools.	GDS-10 showed 100% sensitivity and 45.7% specificity at the 1/2 cutoff point, being effective for depression screening in older adults. GDS-5 had 78.3% sensitivity and 85.3% specificity, but its screening capacity was considered limited and not recommended for detecting depression.
Gil et al. (2019) ³³	Eficácia da reminiscência na cognição, sintomas depressivos e qualidade de vida em idosos: protocolo de revisão sistemática	Identifying evidence on Reminiscence Therapy for cognition, depression, and quality of life in aged individuals with cognitive impairment.	Systematic review of randomized clinical trials and quasi-experimental studies, following the Joanna Briggs Institute methodology	Group Reminiscence Therapy for institutionalized older adults with cognitive impairment (65 years old or older).	Of the six studies included, two showed significant results for cognitive efficacy and three for reduction of depressive symptoms. None evaluated the quality of life of older adults. Due to study heterogeneity, a meta-analysis was not possible.

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Chart 1. Continuation.

Author/Year	Title	Objective	Study type	Therapeutic approach	Outcomes
Casey (2017) ³⁴	Depression in Older Adults: A Treatable Medical Condition	Clarifying that depression in older adults is not a normal part of aging, emphasizing that it is a treatable medical condition.	Literature review	Psychotherapeutic and electroconvulsive therapies.	Depression in older adults is a treatable condition. Treatment includes psychotherapeutic options, and electroconvulsive therapy can be effective. Effective depression management requires a holistic approach that considers the medical, functional, and social context of the patient, along with the need to evaluate cognition alongside mood. This integrated approach can improve treatment outcomes for older adults with depression.
Medeiros et al. (2017) ³⁵	O aumento do contingente populacional de idosos no Brasil e a Atenção Primária à Saúde: uma revisão de literatura	Discussing the increase in the aged population in Brazil and its repercussions on Primary Health Care.	Critical literature review	Primary Health Care, focusing on the evaluation and management of chronic diseases and dependency in older adults.	The increase in the aged population in Brazil is accompanied by a lack of adequate preparation, especially in Public Health, which faces more chronic diseases, hospitalizations, and dependency among older adults. Primary Health Care plays an important role in assisting this emerging population, but actions need to be implemented to strengthen it, including effective evaluation mechanisms.
Rêgo et al. (2017) ³⁶	Fatores associados ao atendimento a idosos por condições sensíveis à Atenção Primária à Saúde	Analyzing the factors associated with elderly care in Emergency Care Units (<i>Unidade de Pronto Atendimento</i> – UPA) for conditions sensitive to Primary Health Care (PHC).	Cross-sectional study	PHC for sensitive conditions, focusing on chronic morbidities and service infrastructure.	Older adults with chronic conditions are more likely to seek care in UPAs before visiting Basic Health Units (<i>Unidades Básicas de Saúde</i> – UBS), and the lack of doctors in UBSs contributes to more referrals to UPA for conditions sensitive to PHC. Musculoskeletal and connective tissue diseases were the main reasons for seeking care, representing 47.6% of cases.

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Chart 1. Continuation.

Author/Year	Title	Objective	Study type	Therapeutic approach	Outcomes
Matias et al. (2016) ³⁷	Indicadores de depressão em idosos e os diferentes métodos de rastreamento	Determining the prevalence of depressive symptoms in older adults and correlate the agreement between the screening methods used.	Cross-sectional study	Diagnosis: use of two scales – Patient Health Questionnaire-9 and the Geriatric Depression Scale (Yesavage-15).	The prevalence of depressive symptoms was 62.8% using the PHQ-9 and 52.6% with the Yesavage Scale. Sensitivity was 80% and specificity was 44%. Moderate agreement between methods (Kappa=0.41).
Previato et al. (2016) ³⁸	Características multidimensionais de saúde de idosos com sintomas depressivos	Analyzing the multidimensional health characteristics of older adults with depressive symptoms.	Descriptive, exploratory study	Assessed with instruments for mood, cognition, functionality, and vulnerability evaluation.	Older adults with severe predisposition had greater vulnerability and cognitive decline; those with moderate predisposition should be assessed to prevent worsening conditions.

In the contemporary context, depression among older adults represents a global public health concern with significant implications, particularly in light of population aging. WHO estimates that approximately 15% of adults over the age of 60 experience some form of mental disorder, with depression being one of the most prevalent. If left untreated, it can result in serious physical and social consequences.¹ Group-based interventions, such as cognitive behavioral therapy and community-based activities, have been shown to be effective in reducing depressive symptoms and enhancing mental well-being in older adults.^{10,34}

As population aging becomes increasingly widespread, there is growing concern about the rise in depressive symptoms among older adults, which heightens their susceptibility to developing depression.^{7,35} Factors such as increased vulnerability, cognitive decline, loss of autonomy, and prolonged bed rest exacerbate this condition and are often mistaken for typical emotional responses associated with aging.^{6,21} These symptoms emphasize the importance of early intervention to prevent the progression of depression and to preserve the quality of life in older adults.^{3,4}

Although changes associated with functional decline may have an insidious onset, they can be detected using screening instruments such as the Mini-Mental State Examination (MMSE), the Geriatric Depression Scale (GDS), the Katz Index, and the Lawton and Brody Scale.^{4,27} Early diagnosis is essential for guiding more effective health interventions, in accordance with screening guidelines established by the WHO and the Brazilian Ministry of Health. However, the lack of a nationally standardized assessment tool may limit the effectiveness of such screening efforts.³

Primary care plays a crucial role in implementing screening mechanisms for the aged population and is typically the first point of contact within the public health system. Recent studies indicate that approximately 43% of older adults seek primary care services to continue their treatment.^{18,37} The selection of the most appropriate method for diagnosis and assessment should be carried out by qualified health professionals, using validated instruments to ensure accurate identification of the severity of depression.^{10,25}

Among the primary tools discussed in the literature and used in clinical practice within Primary Care Units, GDS has been widely employed to assess depressive symptoms in older adults. The full version of the scale consists of 30 self-reported questions and supports a more comprehensive diagnostic evaluation. However, shorter versions containing 15, 10, or 5 items are also commonly used in settings where rapid assessment is required.²⁹ While these abbreviated forms offer practicality, they should be applied with caution to minimize the risk of false positives and to ensure a more accurate interpretation of symptoms.^{3,31,32}

Other instruments have also demonstrated effectiveness in screening for cognitive dysfunction and depressive symptoms in older adults, including MMSE and the Comprehensive Geriatric Assessment. These tools are valuable for detecting subtle cognitive changes and for evaluating the prevalence and incidence of dementia associated with other health conditions.^{11,22,33} However, due to the longer administration time and high demand on healthcare services, their use is recommended primarily for patients at higher risk of disability.^{17,36}

The essential role of PHC in promoting mental health among older adults encompasses prevention, early diagnosis, treatment, and ongoing monitoring of depression.¹⁷ Although depression is highly prevalent in this population, PHC can serve as a critical link in mitigating its impacts. However, the study highlights a significant gap in depression detection, with approximately 50% of cases remaining undiagnosed. This is particularly concerning, as early identification enables timely interventions that may prevent disease progression and reduce negative effects on functionality and independence among older adults.¹⁷

Consistent with this perspective, the shortage of human resources and infrastructure in Primary Health Care contributes to older adults seeking emergency care for conditions that could be managed or prevented within PHC, including mental health disorders such as depression.³⁶ The absence of physicians and other health professionals in Basic Health Units (*Unidades Básicas de Saúde* – UBS) has been a key factor in the resulting overload of emergency services. Consequently, deficiencies in the PHC infrastructure impede effective prevention and appropriate monitoring of mental health among the aged.

This perspective is supported by other studies examining perceptions of mental health among older adults participating in community groups.¹¹ These studies found that factors such as grief, physical disabilities, and inactivity negatively affect mental health in this population, contributing to an increased incidence of depression. Primary care, through initiatives such as community groups, can offer social and emotional support that promotes active aging. However, the effectiveness of these programs is directly dependent on the available infrastructure and resources within primary care settings.

Similarly, sociodemographic factors such as female gender, low socioeconomic status, absence of a marital relationship, and low educational attainment are associated with a higher prevalence of depression among older adults.²² This study reinforces the importance of PHC in identifying these risk factors and implementing preventive strategies to reduce the incidence of depression. With its role in community outreach and continuous monitoring, PHC is uniquely positioned to deliver these preventive interventions; however, its effectiveness depends on the timely identification and treatment of vulnerable older adults.

However, a practical challenge in using GDS for depression screening in PHC has been identified. Research indicates that, while the 10-item version of the GDS demonstrates good screening accuracy, the 5-item version is not recommended due to its limited sensitivity. This finding underscores the importance of selecting appropriate screening tools to ensure effective early detection of depression within the PHC setting.²²

In this context, PHC is recognized as playing a central role in addressing depression among older adults; however, several challenges must be overcome. Early detection, continuous treatment, and social support are essential to preventing the progression of depression, yet limited resources and a shortage of qualified professionals constrain the effectiveness of PHC. Enhancing the integration of available resources with preventive strategies is necessary to ensure that older adults receive adequate mental health care, ultimately promoting improved quality of life throughout aging.^{11,22}

Furthermore, the Lawton and Brody Scale, which evaluates functional capacity for instrumental activities of daily living, and the Katz Index, which assesses functional capacity for basic activities of daily living, are simple, low-cost tools that facilitate early identification of the risk of functional decline.³⁰ These instruments are essential for the close monitoring of older adults at higher risk of losing autonomy and serve as indicators to guide family and healthcare interventions.²⁷

The Brazil Old Age Schedule (Boas) is a multidimensional instrument widely used to assess various aspects of older adults' lives, including social, economic, physical, and mental factors. Boas stands out as an effective tool in Primary Care, as it can be administered by different health professionals, thereby significantly expanding access to health monitoring for older adults within the public health system.²⁸

Another relevant instrument is the Vulnerable Elderly Identification Protocol (PRISMA-7), which is used to assess vulnerability among older adults.²⁴ This reliable and validated tool is frequently applied in cancer patients; however, despite its more common use in this population, the protocol is also applicable to other clinical conditions. Consequently, it serves as a valuable resource in Primary Health Care for identifying psychological risk factors.^{19,23}

Following screening, it is important to implement preventive measures and appropriate treatments. Research emphasizes non-pharmacological approaches that address older adults from a biopsychosocial perspective.^{4,33} This aligns with the polypharmacy profile common in the aged population, many of whom suffer from non-communicable chronic diseases, underscoring the importance of rational medication use and the promotion of comprehensive health through multidisciplinary teams.^{20,26}

In this context, the multidimensional health characteristics of older adults with depressive symptoms play a significant role in understanding the relationship between aging and mental health, particularly regarding depression.³⁸ Older adults with a severe predisposition to depression exhibit greater cognitive decline and vulnerability, while those with a moderate predisposition require targeted attention to prevent deterioration. Research suggests that early interventions and preventive policies, such as regular assessments of mood and cognition, are essential to halt disease progression and preserve functionality and quality of life. A multidimensional approach, including evaluation of emotional, cognitive, and physical aspects, underscores the need for interdisciplinary teams in elderly care, in alignment with national health policies. Furthermore, training health professionals to facilitate early diagnosis of depression in older adults is necessary to promote personalized, multidimensional therapeutic strategies aimed at improving quality of life in this vulnerable population.³⁸

Therefore, early identification of depressive symptoms in older adults, combined with an interdisciplinary approach within Primary Health Care, is essential to ensure quality of life and prevent complications associated with aging. Investing in the training of health professionals to conduct individualized assessments and deliver personalized interventions is critical for effective care. The integration of pharmacological and non-pharmacological strategies, alongside biopsychosocial support, enhances the promotion of mental and physical health in older adults, ensuring comprehensive and continuous care.

FINAL CONSIDERATIONS

The study clearly demonstrated the importance of early detection of depressive symptoms in older adults within primary care settings, emphasizing the critical role of Primary Health Care as the initial point of contact in comprehensive care. Based on the identification of symptoms such as cognitive decline and loss of autonomy, various screening techniques were employed, with the Geriatric Depression Scale being the most frequently used. The effectiveness of this scale, along with other assessment tools, underscores the need for systematic monitoring of older adults to support continuous improvement in early detection and appropriate intervention.

Therapeutic interventions, both pharmacological and non-pharmacological, have proven essential in managing depressive symptoms in older adults, contributing not only to symptom relief but also to the promotion of healthier aging. The use of these therapies aligns with both national and international guidelines, reinforcing the importance of integrating mental health care for the aged into broader public health policy. PHC should continue to serve as an effective platform for delivering this care, both in terms of treatment and in promoting quality of life through the prevention of symptom progression.

One of the main challenges identified in the study was the lack of national standardization in depression screening tools for older adults. This gap may compromise diagnostic and treatment consistency, undermining both the efficiency of care delivery and the accuracy of epidemiological analyses. The development of a standardized national protocol would represent a significant advancement, promoting greater uniformity and facilitating the implementation of interventions across health facilities. Such standardization would ensure that professionals in different regions have access to practical and reliable instruments, thereby enhancing screening effectiveness and reducing the risk of underdiagnosis.

The study also underscored the need for continuous education and training of healthcare professionals to ensure the appropriate use of screening tools and the early identification of depressive symptoms in older adults. Adequate training is essential to support effective, ethical, and compassionate assessment and monitoring. Moreover, it is crucial that healthcare teams are equipped to implement appropriate therapeutic interventions that extend beyond pharmacological treatment, incorporating psychosocial approaches and preventive care strategies.

In this context, it is recommended that future research be conducted systematically and at regular intervals to monitor changes in the mental health profiles of older adults and to support the development of new treatment strategies. Continuous updates to data, along with the refinement of screening and intervention practices, will contribute to the implementation of more effective and inclusive public policies. Promoting mental health among older adults should be regarded as a public health priority, given the increasing longevity of the population and the need to ensure quality of life in old age.

Furthermore, expanding the dissemination of technical and scientific knowledge is essential to ensure that health professionals and administrators have access to the most current and relevant information for clinical practice. The exchange of experiences and the development of consensus on best therapeutic practices can strengthen public health policies and enhance the capacity of PHC services to effectively meet the needs of the elderly population. The integration of new technologies, coordinated care strategies, and preventive measures will significantly contribute to addressing the complex challenges of mental health in old age.

Finally, the study concludes that comprehensive, multidisciplinary care, combined with the appropriate use of screening tools and effective therapeutic interventions, can significantly improve the diagnosis and

management of depressive symptoms in older adults. Developing a care model that addresses the specific characteristics of mental health in this age group is essential for advancing the promotion of healthy and dignified aging.

CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

TDN: Conceptualization, Data Curation, Formal Analysis, Methodology, Project Administration, Visualization, Writing – Original Draft, Writing – Review & Editing. RDCPO: Formal Analysis, Writing – Review & Editing, Supervision. ANAF: Formal Analysis, Writing – Review & Editing, Supervision. CAMS: Formal Analysis, Writing – Review & Editing, Supervision.

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