

**Letter to the Editors regarding the article published in volume 30, number 3**

Carta às Editoras sobre artigo publicado no volume 30, número 3

Carta a las Editoras referente al artículo publicado en el volumen 30, número 3

Alessandro Ferrari Jacinto <sup>1</sup>  
 Paulo José Fortes Villas Boas <sup>1</sup>  
 Adriana Polachini do Valle <sup>1</sup>  
 Vanessa de Albuquerque Citero <sup>2</sup>

<sup>1</sup> Faculdade de Medicina de Botucatu, Universidade Estadual Paulista Julio de Mesquita Filho, Botucatu, Brasil.

<sup>2</sup> Universidade Federal de São Paulo, São Paulo, Brasil.

**Correspondence**

A. F. Jacinto

Faculdade de Medicina de Botucatu, Universidade Estadual Paulista Julio de Mesquita Filho.

Rua Azaléia 370, apto. 102F, Botucatu, SP 18603-550, Brasil.

alessandrojacinto@uol.com.br

To the editors,

We read with interest the manuscript entitled *Brazilian Multicentre Study of Common Mental Disorders in Primary Care: Rates and Related Social and Demographic Factors* <sup>1</sup> by Gonçalves et al. in *Cadernos de Saúde Pública*, in the March 2014 issue.

The term “common mental disorders” (CMD) may confuse non-psychiatrists, although it has been used extensively in the medical literature <sup>2,3</sup>. At a first glance, readers tend to think of CMD as a group of prevalent mental illnesses such as depression, anxiety, schizophrenia, bipolar disorder and obsessive compulsive disorder. There have been other articles <sup>3,4</sup> in the *Cadernos de Saúde Pública* in which the term CMD was used, and, as a periodical that is generally accessed by non-specialists in psychiatry, CMD should be written in a way that ensures that readers are aware of its real meaning: that is, a specific condition with symptoms in the depression-anxiety spectrum which does not fulfill criteria for these two diseases. It is not until “measures” in Gonçalves’s text that CMD is better explained.

Another point worth discussion is the exclusion of individuals with cognitive impairment. Over 75% of the elderly in Brazil receive health care exclusively from the Brazilian Unified National Health System (SUS). Brazilian authors have reported that cognitive impairment in elderly patients is not being assessed by “General Practitioners” from the SUS <sup>5</sup>. Certainly, Family Health Strategy settings attend a large number of elderly individuals.

The instruments used in the study (GHQ-12 and HAD) are not applicable to cognitively impaired individuals so it is reasonable that the authors excluded these patients. However there are studies that have

shown a high prevalence of CMD among the elderly <sup>4</sup> in addition to a lack of interference of cognitive impairment in the GHQ-12 results <sup>6</sup>, although a different cut-off score was found to be more efficient in this case.

Some questions have emerged after reading Gonçalves’s study: “How were individuals with cognitive impairment diagnosed?”; “How large was the elderly population of the sample, since individuals aged 60 and above are classified as elderly in Brazil (there were patients from 60 to 65 years of age in the study)?”; “Why were cognitively unimpaired elders not included in the study?”

We are far from questioning the importance and reliability of Gonçalves’s text. Indeed, we thank the authors for bringing us such a rich material to be discussed further.

**Contributors**

A. F. Jacinto contributed to writing the article and related discussions. P. J. F. Villas Boas and A. P. Valle contributed to the discussion. V. A. Citero contributed to the discussion and review of the paper.

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