



Socio-demographic and clinical profile of elderly people with depression and the use of psychoactive drugs

Perfil sociodemográfico e clínico de idosos com depressão e o uso de substâncias psicoativas

Perfil sociodemográfico y clínico de ancianos con depresión y uso de sustancias psicoactivas

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Objective: to know the socio-demographic and clinical profile of elderly patients with depressive disorders and the use of psychoactive drugs. **Methods:** it is a retrospective epidemiological study that analyzed 218 medical records of elderly patients in a Psychosocial Care Center in a period of 72 months. **Results:** it was observed that 67.9% of elderly men were predominantly those aged between 60 and 70 years. Alcohol was the most commonly used drug among men and tobacco among women, depression was the most frequent occurrence in both sexes. 53.7% were assisted at a health unit, and the predominant time of treatment was from 31 to 60 days (47.7%). The patients assisted by the family health teams were less frequent (10.5%). **Conclusion:** the cultural aspects of man's role in society, easily accessible drugs (alcohol and tobacco) and the lack of information were the main factors related to depression and the use of drug by the elderly.

Descriptors: Aged; Depression; Substance-Related Disorders; Alcohol-Related Disorders; Nursing.

Objetivo: conhecer o perfil sociodemográfico e clínico de idosos acometidos por transtornos depressivos e o uso de drogas. **Métodos:** estudo epidemiológico retrospectivo que analisou 218 prontuários de idosos atendidos em um Centro de Atenção Psicossocial num período de 72 meses. **Resultados:** observou-se que 67,9% dos idosos eram homens com predominância daqueles com idade entre 60 e 70 anos. O álcool foi a droga mais utilizada entre os homens e o tabaco entre as mulheres, o episódio depressivo foi a situação de maior ocorrência entre os sexos. 53,7% utilizou de tratamento ambulatorial e o tempo de tratamento predominante foi 31 a 60 dias (47,7%). As equipes de saúde da família foram a procedência de menor frequência (10,5%). **Conclusão:** os aspectos culturais do papel do homem na sociedade, drogas de fácil acesso (álcool e tabaco) e a carência de informações foram os principais fatores relacionados a depressão e uso de drogas por idosos.

Descritores: Idoso; Depressão; Transtornos Relacionados ao Uso de Substâncias; Transtornos Relacionados ao uso de Álcool; Enfermagem.

Objetivo: conocer el perfil sociodemográfico y clínico de ancianos con trastornos depresivos y consumo de drogas. **Métodos:** estudio epidemiológico retrospectivo que analizó 218 registros médicos de pacientes en un Centro de Atención Psicossocial en un período de 72 meses. **Resultados:** 67,9% de los ancianos eran hombres predominantemente con edades entre 60 y 70 años. El alcohol fue la droga más utilizada entre los hombres y el tabaquismo entre las mujeres, el episodio depresivo fue la situación más frecuente entre los sexos. 53,7% utilizaron el tratamiento de ambulatorio y el tiempo de tratamiento predominante fue de 31 a 60 días (47,7%). Los equipos de salud familiar fueron la procedencia de menor frecuencia (10,5%). **Conclusión:** aspectos culturales del papel del hombre en la sociedad, drogas de fácil acceso (alcohol y tabaco) y falta de información fueron los principales factores relacionados con la depresión y el consumo de drogas por ancianos.

Descriptor: Anciano; Depresión; Trastornos Relacionados con Sustancias; Trastornos Relacionados con Alcohol; Enfermería.

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Introduction

In the last decades there has been an increase in life expectancy at birth in Brazil, where estimates suggest an average lifetime from 77.4 years in 2010 to 81.9 years in 2030⁽¹⁾. The number of people aged 60 or more years in the country is already considered large, about 20,230,597 elderly, representing 10.6% of the population⁽²⁾. This population aging thus tends to grow steadily, demonstrating the urgent need for new public policies of attention to the elderly, mainly on issues related to health promotion.

The statute of the elderly was created in Brazil in 2003 ensuring rights considered essential to this age group of the population, including the right to health care and the priority in the assistances⁽³⁾. So there is an emerging effort in the country regarding the adoption of public health policies directed to this population. But there is a lot more to be done and it needs to go further, because the simple fact of ensuring the priority right to health does not make the change of assistance in the reality of health services. Thus, there is a lack of attention to the health needs of the elderly, especially regarding their mental health, which are being increasingly affected by mental disorders, mainly depression and problems related to the use of psychoactive drugs⁽⁴⁾ and, little has been done to take care of this clientele and study this phenomenon.

Studies have shown that only in 2012 there was the occurrence of 467 deaths and about 49,846 hospitalizations registered by the Unified Health System to the detriment of mood disorders such as depression⁽⁵⁻⁶⁾. In primary health care, another study showed 30.2% of elderly patients with depression⁽⁷⁾ and in long-stay institutions the prevalence ranged from 47.0% to 61.6%⁽⁸⁻⁹⁾.

Depression is thus characterized by the presence of predominantly depressing and/or irritable mood and anhedonia (decreased ability to experience pleasure or joy). There is a subjective sensation of decreased power (tiredness, fatigue),

lack of interest, retardation, pessimistic thoughts and ideas. Generally, these symptoms are followed by changes in the quality of sleep, changes in appetite, cognitive impairment, behavioral disorders and somatic symptoms⁽⁴⁾. With aging, there are several changes that may hinder the diagnosis of depression in the elderly as the presence of painful chronic diseases, decreased libido, psychomotor retardation, subjective symptoms of loss of concentration and memory and various sleep disorders⁽⁴⁻⁵⁾.

Some risk factors for depressive disorders are now well established as advanced age, chronic diseases, anxiety, lack of ties and social support. The stressing events of life like a recent widowhood or other major losses, chronic pain and living alone are also factors that increase the risk of depressive symptoms. However, it is worth highlighting that depression in addition to being a serious health problem, is also considered a strong risk factor for other diseases, such as the use/abuse of alcohol and other drugs⁽⁹⁻¹⁰⁾.

Depressed patients may start the use of psychoactive drugs in order to lessen the discomfort of the symptoms of depression, developing abuse and dependence. It is appropriate to point out that there are also cases where the person starts using drugs and from there he develops a psychiatric disorder, or to the detriment of genetic predisposition, a common factor that can contribute to the development of these two co-morbidities⁽¹¹⁻¹²⁾.

A study made in the American state of California showed the harmful effects of alcohol and other drugs associated to depression, especially in the elderly, due to physiological susceptibility of subjects over 60 years. It found that 53% of men and 50% of women considered depressed used psychoactive drugs. The use of cannabis was observed in 12% of men and 4% of women. The misuse of sedatives occurred among 16% of men and 9% of women⁽¹³⁾.

The last Brazilian survey on drug use found a wide prevalence of alcohol dependence among

50-year-old subjects or older. Depression is considered as a risk factor for drug use/abuse and suicidal behavior, demonstrating the worsening of the problem⁽¹⁴⁾. Thus it becomes important to consider the magnitude of the problem of depression and the use of psychoactive drugs by the elderly.

The depressive disorder and the use of drugs are therefore considered a problem for the whole society, especially for the elderly who every day are increasingly seeking health services from primary care to hospitals due to the urgent desire for care. However, they end up developing a chronic disease due to delay and/or difficulty in establishing the early diagnosis and the promotion of treatment.

Thus, considering the impact of depression on the lives of the elderly and the use of psychoactive drugs, this study aims at contributing to the upgrading and directing of the actions of the health professionals, both in hospitals and in all the communitarian network of health care. It is believed that these results can contribute in directing and planning of health policies, regarding the establishment of more specific and effective measures of intervention, treatment and prevention.

So, the objective of this research was to identify and analyze the socio-demographic and clinical characteristics (sex, age, origin, diagnosis of depression, diagnosis of drug use, type of treatment, time of treatment, type of discharge) of the elderly assisted in a Psychosocial Care Center affected by depressive disorders associated to the use of psychoactive drugs.

Method

It is a retrospective epidemiological study, made at the Psychosocial Care Center III, reference in mental health in Divinópolis, MG, Brazil (The health reference city for the 53 counties of the central western region of Minas Gerais). It is a public service that offers

three kinds of assistance: 1) urgent/emergency for patients in crisis, brought by the health network or spontaneously; 2) outpatient treatment - scheduled appointments of stable psychiatric patients coming from psychiatric hospitals and/or from other services of mental health and 3) Day permanence - assistance to psychiatric patients in crisis coming from the urgent/emergency and/or clinic for stabilization of the severe and recurrent mental suffering condition, replacing hospitalization⁽¹⁵⁾.

The study data were collected through document analysis of medical records of medical and statistical file service of the Psychosocial Care Center, filed at the unit. The following criteria of inclusion were adopted: 1) patients aged 60 years or more; 2) having been assisted and stayed in the Center for a time longer than 24 hours; 3) having been diagnosed with depression and chemical dependence (according to the International Classification of Diseases - ICD-10); 4) having medical records with complete data; 5) having been assisted until discharge, transfer or death. Following those criteria the medical records of all age ranges filed in the service (n = 14,161), and adopting the criteria, 218 medical records were eligible for the study, which corresponded to the elderly diagnosed with depression and use of drugs.

The socio-demographic variables of interest were collected and divided as follows: gender, age, origin, diagnosis of use and abuse psychoactive drugs; and clinical variables: type and time of treatment, type of discharge, diagnosis of depression and the use of drugs. It is worth highlighting that the diagnoses registered in the medical records, and therefore used in this study, are standardized by the International Classification of Diseases (ICD) 10th revision⁽⁴⁾. Mainly diagnoses the F10 to F19 related to mental and behavioral disorders due to use of psychoactive drugs and F32 to F39 for the depressive disorders.

The data were organized and stored in Excel® 2007 software. For the analysis of the results, the

Statistical Package for Social Sciences 13 software was used. A descriptive and bivariate analysis was made to measure the association between the diagnosis of depression with the socio-demographic and clinical characteristics and the use of alcohol and other drugs. Using the chi-square test the gross odds ratio was calculated and adjusted using the logistic regression model for all the variables with p-value below 10%, and in the chi-square test the level of significance is 5%.

The study was approved by the Committee of Ethics and Research of the Universidade Federal de São João del Rei, MG (n^o 339.939/13).

Results

The elderly diagnosed with depression and drug use represented a rate of 1.5% of the total number of medical records of the institution. Of the 218 elderly, most of them were male (n = 148; 67.9%), with a predominance of the age range between 60 and 70 years (n = 123; 56.5%); coming from their families for treatment (n = 115; 52.8%). The mental and behavioral disorder due to the use alcohol abuse, F10 diagnosis, the most prevalent among males (n = 59; 39.9%) and the diagnosis resulting from the use and abuse of tobacco, F17 diagnosis, was the most frequent for females (n = 18; 25.7%) (Table 1).

In tables 1 and 2 the association between socio-demographic and clinical characteristics of the elderly with depression and the use of drugs is concerning only to the variables: gender (p = 0.038), age between 60 and 70 years (p = 0.045), coming from the county first-aid post (p = 0.447) and forum/court order (p = 0.345), diagnosis of use of alcohol (p = 0.214) and use of tobacco (p = 0.048), which showed statistical significance.

Table 1 - Socio-demographic characteristics of the elderly with depression and users of drugs according to their sexes

Variables	Total	Men	Women	p
	n (%)	n (%)	n (%)	
Sex	218(100.0)	148 (67.9)	70 (32.1)	0.038
Age (years)				
60 to 70	123 (56.5)	80 (54.0)	43 (61.4)	0.045
71 to 80	74 (33.9)	51 (34.5)	23 (32.9)	0.629
> 80	21 (9.6)	17 (11.5)	4 (5.7)	0.814
Origin				
Family	115 (52.8)	73 (49.3)	42 (60.0)	0.837
Family Health Teams	23 (10.5)	17 (11.5)	6 (8.6)	0.713
County first-aid post	54 (24.8)	38 (25.7)	16 (22.8)	0.044
Forum (court order)	26 (11.9)	20 (13.5)	6 (8.6)	0.034
Diagnosis of the use of drugs				
F10 - Alcohol	75 (34.1)	59 (39.9)	16 (22.9)	0.021
F11 - Opiates	1 (0.5)	-	1 (1.4)	0.812
F12 - Cannabinoids	18 (8.2)	10 (6.7)	8 (11.4)	0.545
F13 - Sedatives and hypnotics	21 (9.6)	8 (5.4)	13 (18.6)	0.598
F14 - Cocaine / crack	13 (6)	7 (4.7)	6 (8.6)	0.614
F15 - Other stimulants	15 (6.9)	11 (7.4)	4 (5.7)	0.612
F16 - Hallucinogens	2 (0.9)	1 (0.7)	1 (1.4)	0.712
F17 - Tobacco	56 (25.7)	38 (25.7)	18 (25.7)	0.048
F18 - Volatile Solvents	1 (0.5)	1 (0.7)	-	0.828
F19 - Multiple drugs	16 (7.3)	13 (8.8)	3 (4.3)	0.619

Regarding the clinical variables in Table 2, it is possible to observe the association between socio-demographic and clinical characteristics of elderly

with depression and the use of the drug only in these variables: diagnosis of depression ($p = 0.038$) and time of treatment 1 to 30 days ($p = 0.429$).

Table 2 - Characterization of the clinical variables of the elderly patients users of drugs attacked by depression according to their sex

Variables	Total	Men	Women	p
	n (%)	n (%)	n (%)	
Diagnosis of depression				
F32 Depressive episodes	103(47.2)	68 (45.9)	35 (50.0)	0.038
F33 Recurrent depressive disorder	18 (8.3)	8 (5.4)	10 (14.3)	0.546
F34 Persistent mood disorder	53 (24.3)	38 (25.7)	15 (21.4)	0.637
F38 Other mood disorders	13 (6.0)	9 (6.1)	4 (5.7)	0.713
F39 Non-specified mood disorder	31 (14.2)	25 (16.9)	6 (8.6)	0.547
Type of treatment				
Outpatient treatment	117 (53.7)	68 (45.9)	49 (70.0)	0.545
Day permanence	101 (46.3)	80 (54.1)	21 (30.0)	0.698
Type of treatment (days)				
1 to 30	69 (31.7)	49 (33.1)	20 (28.6)	0.042
31 to 60	104 (47.7)	59 (39.9)	45 (64.3)	0.665
> 60	45 (20.6)	40 (27.0)	5 (7.1)	0.528
Type of discharge				
Medical	58 (26.6)	23 (15.6)	35 (50.0)	0.548
Requested	45 (20.6)	32 (21.6)	13 (18.6)	0.657
By abandon/evasion	100(45.9)	86 (58.1)	14 (20.0)	0.625
Clinical transference	15 (6.9)	7 (4.7)	8 (11.4)	0.748

Discussion

Among the elderly with depression and users of psychoactive drugs there is a predominance and association with male sex. A study made in a Psychosocial Care Center for Alcohol and Drugs found that 90.6%⁽¹⁶⁾ of the registers investigated were concerning the male sex. Another research in order to associate physical activity, alcohol consumption and smoking among those over 60 years showed statistical

association of the male with the last two⁽¹¹⁾ showing the predominance of the gender concerning the use of alcohol and tobacco. In this context it is important to provide assistance to the mental health of the male elderly and the clinical and psychiatric co-morbidities which may aggravate their health condition.

Elderly users of psychoactive drugs and with diagnosis of depression are in the age range 60-70 years. In contrast, it was observed in the literature that depression is more prevalent in those older than 70 years^(7,9,17), but the use and abuse of psychoactive drugs is the same for that age range (60 to 70 years)^(11,16,18) it can be inferred that the result found is due to this criteria of inclusion. That age range is the beginning of the third age, stage in which, in general, the subjects are more active still having a degree of independence.

The patients coming from the first-aid post or by court order reaffirm the importance of discussing the treatment and attention focused on the mental health of the elderly population. The first-aid unit for more urgent cases, and the court order which somehow imposes the treatment to the subject, demonstrate the complexity of the situations. In contrast, there are fewer patients coming from the family health strategies which allows reporting the weaknesses of the process of reference and counter reference in these units and in the services of mental health. It is noticed that it is difficult for the health professionals to identify and support the demands of psychiatric patients, occurring impasses from handling to forwarding to specialized services⁽¹⁹⁾ which could be prevented with an effective coordination among these services.

The period of treatment up to 30 days is also observed, the adhesion of the user to the service as well as the efficiency to the treatment deserve attention. This picture brings a major problem in the mental health services, once there is the risk of the abandonment of treatment can represent for the patients. It is necessary to provide and monitor

the therapeutic process, which is essential for the reestablishment of the subject in order to maintain physical and mental health of the patients diagnosed with depression and use of psychoactive drugs.

The results concerning the diagnosis of the use of drugs confirm the data available, regarding the use of alcohol as the most used drug among the elderly assisted at the health units^(11,16), with the predominance of the male sex. The problem with the use of drugs causes many psychological and social consequences for the patients and their family. The use of alcohol is responsible for fragile family relationships bringing to the family members an emotional burden resulting from the conflicts which emerge making them feel helpless, worn and invalid⁽²⁰⁾. It is worth mentioning that many are the clinical consequences of using those drugs, among them the vulnerability to respiratory diseases for the users of tobacco and liver diseases for the alcoholics⁽²¹⁾. The greater use of those drugs, alcohol and tobacco, even with the problems resulting from their use, both physical as well as psychosocial, can occur because they are drugs which are accepted by the Brazilian law and, so, they have a larger accessibility and less stigma, also reflecting in the little attention to the treatment observing a low number of elderly inserted in specialized service to these demands and the assistance that is offered to this issue.

Depressive episodes, a variety of mood disorder associated to the problem investigated in this study, refer to depressive disorders which occurred for the first time, they can happen at three levels: mild, moderate and severe⁽⁴⁾. In this context it is reported that depression has been strongly associated to age over 60 years⁽⁸⁻¹⁰⁾. Old age is social, economic and physiological changes that can be related to the isolation, neglect/abuse and the occurrence of disabling illnesses that can arise in this age group⁽¹⁰⁾. The representativeness of the losses experienced can contribute or not to the development of a depressive disorder and it is necessary to understand that this

stage of life does not necessarily lead to depression. In this sense, sometimes depression is underdiagnosed and undertreated, possibly by influences as the criteria used by the health professionals who assist the patients and/or the conduct adopted in Reference Service.

The association between the use of drugs and depression deserves attention in the health scenario. The revision of the literature pointed depression as a common precursor of the abuse of alcohol but also the abuse of alcohol is aggravating in this disorder⁽²²⁾. The use of drugs often occurs as a way to escape or channeling of symptoms of depressive diagnosis and it can trigger more severe symptoms such as acute relapse of depression along with the effects of drugs and fatal outcomes as suicide, and these mental disorders are the main factors of risk of the occurrence of suicide⁽²³⁾. Therefore it is important to investigate the characteristics of risk of the elderly population in order to achieve proper management, provide psychosocial support and prevent an early end to life.

Conclusion

Elderly men are more susceptible to depression and, due to that, to the use of drugs, because they are more affected than women when it comes to social and psychological factors. Including interpersonal relationships, self-image, the male social role and biological changes with aging.

The presence of alcohol as the primary drug of abuse in males and tobacco among women, are related to the accessibility of these drugs in the population. It is suggested to make studies that can identify if the abuse of these drugs occurs or is intensified with increasing age, and especially the elderly age group. It is also evident that there is the need for investigation that attempts to detect the problems that impede the flow of elderly patients with depression and drug users among the health services in order to carry out interventions that make it possible to increase

the effectiveness of reference and counter reference between primary attention and the specialized mental health services.

It is observed that depression and the use of drugs by the elderly is an increasingly common problem in our society and it lacks further disclosure of information about the disease to the population and to the health professionals, particularly regarding their signs, symptoms and the need for early diagnosis and treatment. The importance of evaluation of the elderly with depression and user of drugs by a multidisciplinary team is evident, as well as the promotion of treatment. This care contributes to a faster recovery of the patient and the prevention of recurrence of depression and drug addiction.

It is important to highlight that the information about the diagnosis, etiology and main characteristics of the disease should be continuously reviewed and updated by health professionals, especially by the nurses, who play an important role in the care and attention to this public at all levels of health. So, they are committed to producing scientific knowledge which justify their actions and guide their practice.

Collaborations

Cantão L, Fonseca LLK, Silva TIM and Oliveira M participated in the analysis of the data and writing of the article. Oliveira VC contributed to the elaboration of the article and the final approval of the version to be published. Machado RM participated in the elaboration of the project, data collection and the final approval of the version to be published.

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