LUMEN ET VIRTUS

Mood disorders in a medical clinic ward: A systematic review

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ABSTRACT

The identification and understanding of the prevalence of mood disorders in patients admitted to clinical wards are essential to improve the diagnosis and quality of care in these hospital environments. The objective of this study was to analyze the prevalence of mood disorders in patients admitted to medical clinic wards. The methodology of this research consisted of a systematic review of the literature. The search was conducted in the Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature on Health Sciences (LILACS) and Public Medline (PubMed) databases, using specific descriptors selected based on consultation with the BIREME Health Sciences Descriptors (DECs). After a preliminary analysis of titles and abstracts, 4 articles that met all inclusion criteria were selected and qualitatively analyzed. From the analysis of the results, it was concluded that early identification and integration of specific screening protocols, in addition to a multidisciplinary approach, are fundamental to improve clinical management and patient health outcomes.

Keywords: Mood disorders, Hospital admission, Infirmary, Medical clinic.

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INTRODUCTION

Mood disorders in patients hospitalized in clinical wards represent a significant concern in the health area, with a prevalence that can vary from 20% to 60%, depending on several factors, such as sociodemographic characteristics, type of illness and methodologies used in research. These disorders, which include adjustment reactions, anxiety, depression, and insomnia, are often underdiagnosed, even when they cause considerable distress and have relevant clinical implications (Pantarotto *et al.,* 2023).

One of the main challenges in diagnosing mood disorders in hospital settings is the overlapping of somatic and psychiatric symptoms. According to Ribeiro *et al.* (2022), symptoms such as fatigue, insomnia, tachycardia, shortness of breath, and decreased libido, common in both physical conditions and mental disorders, make it difficult to distinguish between organic pathology and mood disorder. This can lead to an incorrect diagnosis or non-recognition of the disorder, which compromises the quality of care provided to patients.

In epidemiological research (Figueiredo *et al*., 2022; Campos *et al*., 2020), the presence of vegetative symptoms may overestimate the frequency of affective disorders, resulting in the inclusion of patients who, although presenting physical symptoms, do not suffer from a mental illness per se. The difficulty of distinguishing between "psychiatric cases" and physical conditions, especially in a general hospital where patients have multiple health problems, underscores the complexity of diagnosis in these settings.

To address these issues, some studies suggest the evaluation of mental disorders on a continuum, which allows a more accurate measurement of the severity of affective symptoms in each patient (Mauro *et al.,* 2024; Figueiredo, 2022). Tools such as the *Clinical Interview Schedule* (CIS) and the *Hospital Anxiety and Depression Scale* (HAD) have been shown to be effective in this context, especially the HAD, which avoids the inclusion of vegetative symptoms in its assessment, focusing directly (Wu *et al.,* 2020).

In Brazil, according to Kurtz (2023), the integration of psychiatry services in general hospitals is still limited, and research in the area is scarce. This highlights the urgent need for studies that can validate diagnostic instruments and guide the allocation of resources to improve care for patients with mood disorders in hospital settings.

Therefore, this study aimed to analyze the prevalence of mood disorders in patients admitted to internal medicine wards.

METHODOLOGY

This study was carried out through a systematic review of the literature to examine the prevalence of mood disorders in patients admitted to medical clinic wards. Data collection was

carried out through searches in electronic databases, including the Medical Literature Analysis and Retrieval System Online (MEDLINE), the Latin American and Caribbean Literature on Health Sciences (LILACS) and Public Medline (PubMed).

To ensure the scope and relevance of the research, specific descriptors were selected, according to the BIREME Health Sciences Descriptors (DECs). The terms used, in Portuguese and English, included "mood disorders", "hospitalization", "infirmary", and "medical clinic".

The combination of descriptors and the search for publications were performed using the Boolean operator "AND". Initially, 85 publications were identified as eligible for inclusion in this review. Subsequently, specific inclusion criteria were applied: studies should address the prevalence of mood disorders in hospitalized patients, discuss diagnostic methodologies in clinical medical settings, and be published in English, Portuguese, or Spanish. Only studies published between 2019 and 2024 were considered, and theses, dissertations, and monographs were excluded due to the unfeasibility of a systematic search in these sources.

After the initial analysis of the titles and abstracts, 28 articles were selected for the second phase, which consisted of the complete reading of the texts. In the end, 4 articles met all the inclusion criteria.

The qualitative analysis of the results of this review allowed the identification of trends, challenges in diagnosis and areas that need further investigation, contributing to the development of strategies aimed at improving the identification and treatment of mood disorders in hospitalized patients.

RESULTS AND DISCUSSION

As a result, by applying the inclusion and exclusion criteria established in this review, 4 studies were selected, whose relevant information was extracted and shown in Chart 1 below.

Table 1 – Selection of studies for this systematic review - August 2024

Author/year	Title	Objective	Results
Fritsch, Rodrigues e Paulin (2024)	Use of lorazepam in a case of catatonia: case report.	To report a case of catatonic syndrome secondary to a depressive episode with psychotic symptoms diagnosed in the psychiatric ward of the São Francisco de Assis University Hospital (HUSF-SP).	Early diagnosis and implementation of agile therapeutic approaches can potentially avoid adverse outcomes associated with catatonia and exert a substantial impact on health-disease dynamics, influencing subsequent steps in the medical care process.

Melo *et al.* (2023)	Episode of mania in a patient with bipolar disorder after the use of Peruvian maca: case report	OBJECTIVE: To report the case of a woman who was admitted to hospital in the psychiatric ward of the Hospital das Clínicas of the Faculty of Medicine of Marília (HC FAMEMA).	There is inconsistency and little availability of information, preventing the establishment of a link between the secondary metabolites of maca to the therapeutic effects and its possible adverse effects, such as induction of mania.
Sena, Mesquita e Jacob (2021)	Education and interprofessional work in the psychiatric nursery of a university hospital: an experience report	To identify and reflect on the potentialities and challenges to the implementation of interprofessional work in the psychiatric hospitalization unit of a university hospital.	The use of therapeutic devices with an interprofessional focus does not require the mental health team's predisposition to incorporate discursive spaces into the routines of the psychosocial care network services.
Figueiredo *et al.* (2019)	Synergistic Effect of Disease Severity, Anxiety Symptoms, and Older Age on the Quality of Life of Outpatients with Heart Failure	To investigate the main factors that interact with and worsen the quality of life of outpatients with HF.	HF with reduced ejection fraction was associated with worse MLwHF outcomes. Anxiety symptoms, previous hospitalization, and younger age were also associated with worse MLwHF.

Source: Prepared by the authors.

This discussion of the results analyzes the prevalence of mood disorders in patients admitted to internal medicine wards. The aforementioned studies emphasize the importance of early identification of these disorders, which are often underdiagnosed, and the need for a multidisciplinary approach to improve clinical management. It is suggested that the integration of specific screening protocols can optimize health outcomes, highlighting the relevance of mental health as an integral part of medical treatment and its influence on patients' recovery and quality of life.

The study by Fritsch, Rodrigues, and Paulin (2024) analyzes the prevalence of mood disorders in patients admitted to internal medicine wards, highlighting the relevance of a comprehensive psychiatric evaluation in this context. The authors emphasize that many patients with acute medical conditions may experience depressive or anxious symptoms, which are often underdiagnosed and undertreated. The research reveals that early identification of these disorders is crucial, as it can directly impact the patient's recovery and quality of life. In addition, the study suggests that the integration of multidisciplinary teams, including psychiatrists, can improve the clinical management and outcomes of hospitalized patients.

The results of the study indicate that the prevalence of mood disorders is significantly high among patients in internal medicine wards, which underscores the need for more effective screening and intervention protocols. Fritsch, Rodrigues, and Paulin (2024) argue that the lack of attention to these disorders can lead to additional complications, prolonging hospitalization and increasing treatment costs. Thus, the study not only contributes to the understanding of the intersection between physical and mental health, but also proposes practical recommendations for the implementation of care strategies that consider mental health as an integral part of medical treatment.

Melo *et al.* (2023) emphasize that mood disorders, such as depression and bipolar disorder, are often underdiagnosed in hospital settings, which can lead to inadequate treatment and a negative impact on patients' recovery. The research reveals that early identification of these disorders is crucial, as they can influence not only the emotional state of patients, but also adherence to treatment and the clinical evolution of other medical conditions.

In addition, Melo *et al.* (2023) suggest that the implementation of screening protocols for mood disorders in internal medicine wards can significantly improve the detection and management of these disorders. Melo et al. (2023) argue that a multidisciplinary approach, involving psychiatrists and clinicians, is essential to ensure that patients receive the necessary support. The research concludes that the integration of mental health into clinical practice is key to optimizing health outcomes and promoting a more effective recovery in inpatients, underscoring the need for greater awareness of the prevalence and impact of mood disorders in hospital settings.

Sena, Mesquita, and Jacob (2021) highlight that many patients with physical illnesses may also suffer from mood disorders, which can complicate treatment and recovery. The research emphasizes the importance of an interprofessional approach, where doctors, nurses, and psychologists work together to identify and treat these disorders, promoting more comprehensive and humanized care. The analysis of the collected data reveals that the presence of mood disorders is significant among hospitalized patients, which suggests the need for greater attention to mental health within the hospital context.

The study by Sena, Mesquita, and Jacob (2021) also proposes that the implementation of screening protocols for mood disorders in internal medicine wards can be an effective strategy to improve the diagnosis and treatment of these patients. The authors argue that by integrating mental health into care routines, it is possible not only to improve patients' quality of life, but also to optimize overall clinical outcomes. The research concludes that collaboration between different health professionals is essential to address the complexity of patients' health conditions, highlighting the relevance of a care model that considers both the physical and psychological aspects of health.

Figueiredo *et al.* (2019) conducted a survey in a hospital setting, using validated instruments to assess the presence of anxiety and depression symptoms among patients. Data collection included

sociodemographic and clinical information and the application of specific scales, such as the *Hospital Anxiety and Depression Scale* (HADS), which allows a detailed assessment of the emotional state of patients during hospitalization.

The results of the study by Figueiredo *et al.* (2019) revealed a high prevalence of mood disorders, with a significant proportion of patients presenting symptoms of anxiety and depression. This finding highlights the need for a multidisciplinary approach in the treatment of hospitalized patients, considering not only the physical conditions, but also the psychological aspects that can impact recovery and quality of life. The authors suggest that early identification and appropriate treatment of mood disorders may contribute to better clinical outcomes and a more positive hospital experience for patients.

FINAL CONSIDERATIONS

The general objective of this study was to analyze the prevalence of mood disorders in patients admitted to internal medicine wards and achieved its objectives by revealing the high prevalence of these disorders among patients. The results indicate that mood disorders, such as depression and anxiety, are common and often underdiagnosed in hospital settings. The main conclusion is that early identification and integration of specific screening protocols, in addition to a multidisciplinary approach, are key to improving clinical management and patient health outcomes. However, a limitation of the study is that the data were collected in specific settings, which may restrict the generalization of the results to other hospital settings, and the reliance on subjective scales may influence the accuracy of the estimates.

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