

DEPRESSIVE COGNITIVE SCALE COMO FERRAMENTA DE RASTREIO PARA RISCO DE DEPRESSÃO EM MÃES DE CRIANÇAS ACOMETIDAS PELO ZIKA VÍRUS

COGNITIVE DEPRESSIVE SCALE AS A TOOL FOR SCREENING RISK OF DEPRESSION IN MOTHERS OF CHILDREN AFFECTED BY THE ZIKA VIRUS

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DEAR EDITOR,

The relationship of the Zika virus (ZIKV) with microcephaly is undoubtable. The overestimation of cases actually occurred. However, the main challenge of scholars regarding a new pathology is seeking to clarify and demonstrate through well-guided researches the real risk of the disease during pregnancy, as well as the natural history of the disease and the treatment of greater efficacy in cases of pregnant women affected by infection of ZIKV¹.

Estimates from the Ministry of Health (2015), released through the document entitled "Protocol of health attention and response to the occurrence of microcephaly related to infection by the Zika virus", in Brazil for 2015 were from 497,593 to 1,482,701 cases².

Clinical trials of some states in Northeast Brazil, mainly Paraíba, Pernambuco and Ceará, began to realize and also notify the increased number of cases of microcephaly in the second half of 2015, mothers who were infected by ZIKV during pregnancy, especially in the first and the beginning of the second trimester, had babies with microcephaly, characterized by head circumference (HC) below -2 standard deviations from the mean for sex and age³.

Campos and Cardoso (2004) report that, in most women who become pregnant, feelings of the most diverse natures manifest with expectation, hope for the developing child, as well as dreams and hopes to meet them, touch them and transfer all their love and affection, enjoy all favorable conditions for their well-being. They expect a perfect and

beautiful child, corresponding to their dreams and their realization as mothers. The loss of this imagined child, replaced by the real child, is a moment of extreme frustration and disappointment⁴.

Once the child is diagnosed with congenital malformation, the mother can seek explanations and arguments to justify what happened to her baby. In this moment, conflicting and distressing feelings can awaken. The guilt is a feeling that usually arises and mothers seek in the past, during pregnancy, some moment that can hold the pain felt⁵.

Maternal depression affects approximately 10% through 20% of the puerperal women according to Moraes et al., (2006). Its etiology is multi-determined, and may be due to genetic influences, physiological changes, exposure to psychological stress and cultural context. It is characterized by changes in sleep patterns, appetite, especially after breastfeeding, and may lead to crying spells, inattention, difficulty getting involved with and developing activities previously pleasant, feeling of incapacity facing new situations, as well as lack of concentration and energy to perform daily activities⁶.

Therefore, the development of low-cost screening tools with easy application, such as the Depressive Cognition Scale (DCS) developed by Zauszniewski in (1995), seeks to assess the cognitive symptoms in order to identify patients at risk of developing depression⁷.

That said, there is a need for tools that can compose the monitoring appointment of mothers of children living with ZIKV-

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related microcephaly to detect/screen risk of depression, which may be a useful instrument for nurses, psychologists, physicians, among others.

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