Objectives: To describe the prevalence of depression, depressive symptoms, and use of antidepressant medications in healthcare workers during the COVID-19 pandemic.

Methods: 125 healthcare workers from different occupations who are part of the HEROES cohort were evaluated. Diagnosis of depression and use of antidepressant medication were obtained by self-report. Depression symptoms were assessed using the Beck Depression Inventory (BDI), consisting of 21 items that include symptoms and attitudes. Age, sex, and occupation were extracted from the sociodemographic questionnaire. Data analysis was performed descriptively and using the Chi-square test in the SPSS program with a significance level of 5%.

Results: The sample consisted of women (83%) and hospital workers (49%). About 45% had symptoms of depression on the BDI; 18% use antidepressant medication and 6% reported a medical diagnosis of depression. Among the symptoms of depression, the most prevalent were fatigue (80%), insomnia (68%) and dissatisfaction (66%). The least prevalent symptoms were weight loss (4%), suicidal ideation (9%) and punishment (19%). There was an association between medical diagnosis and the use of medication for depression ($P<0.01$). There was no association between depression symptoms and medical diagnosis ($P=0.19$) and medication use ($P=0.21$).

Conclusion: Many healthcare workers reported depressive symptoms and use of antidepressant medication; however, the proportion of workers with a medical diagnosis was much lower.

Implications: The BDI was sensitive to identifying depressive symptoms and can be used for screening and designing preventive actions. Many healthcare workers use antidepressant medications without a medical diagnosis. Thus, additional investigations are necessary to understand this finding.

Keywords: Health Promotion, Disease Prevention, Occupational Health

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PREVALENCE OF FALLS IN THE OLDER ADULT: AN INTRINSIC FACTOR OF DIABETES AND ARTERIAL HYPERTENSION

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Background: Falls are the most common cause of injuries in the elderly and have a higher prevalence with advancing age in addition to intrinsic factors such as female gender and comorbidities, extrinsic and behavioral. However, there is a need to understand how much some factors can potentiate these falls.

Objectives: To verify the influence of intrinsic risk factors such as diabetes and high blood pressure on falls in elderly Brazilians.

Methods: A cohort study with retrospective and prospective analysis using an online questionnaire and one of the arms of a larger study. Individuals aged 60 years or over, of both sexes, who had access to the online questionnaire and agreed to participate in the research, by signing "yes" in the digital Free and Informed Consent Form (ICF) were included. Duplicates in the answers to the online questionnaire were excluded, as well as questions that were not related to intrinsic factors. The elderly were invited through communication applications, social networks, and by e-mail to people known to the researchers, and a link was sent to answer the questionnaire, which took 30 minutes to complete. A Shapiro-Wilk distribution test was performed, which found that the data had a normal distribution. Thus, median, and interquartile ranges were used for continuous variables, and frequency (number and percentage) for nominal variables. The chi-square test was performed to analyze the association between comorbidities (hypertension and diabetes) and falls, using the JASP software, adopting a significance level of p <0.05.

Results: A total of 402 elderly participants in the research with an average age of (69.7 ± 9.8) were collected, 71.15% female and 28.85% male. Related to intrinsic factors, 20.4% reported having diabetes, with 41.5% having fallen in the last 12 months, and 13.4% having fallen due to dizziness, with a prevalence of falls in the afternoon. As for arterial hypertension, we had a sample of 42.8% of the elderly, with 41.8% falling in the last year, and 7.5% falling due to dizziness, with the highest rate of falls occurring in the afternoon. When we relate diabetes and hypertension, we had a sample of 14.9%: 46.7% had a fall in the last 12 months, and 11.7% fell due to dizziness, with a prevalence of falls in the afternoon.

Conclusion: According to the results, diabetes and hypertension had the greatest significance when related only to falls. Regarding the symptoms dizziness was not significant between diabetes and hypertension. The afternoon period was found for the occurrence of falls.

Implications: With the results of this study, we can better identify where the greatest risk of falls is for the elderly, improving guidance and increasing the conditions to prevent and try to inhibit these falls as much as possible.

Keywords: Falls, Arterial hypertension, Diabetes

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STUDY PROTOCOL: EVALUATING THE EFFECTIVENESS OF CEREBELLO-SPINAL STIMULATION IN INDIVIDUALS WITH ACS

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Background: Spinocerebellar ataxias (SCA) comprise a set of progressive degenerative diseases, still without available pharmacological treatment, that cause gait and balance disorders. Two recent clinical trials demonstrated that the use of transcranial direct current stimulation (tDCS) cerebellar spinal cord improved performance on tests of upper limb coordination, severity of ataxia and gait (2 weeks of stimulation), and motor scores (including balance), cognitive and quality of life scores (4 non-consecutive weeks) in subjects with degenerative ataxias, including ACS.