

CO-ORGANIZED EVENT

International Conference on **Chronic Diseases**

&
6th International Conference on **Microbial Physiology and Genomics**

August 31-September 01, 2017 Brussels, Belgium

Association between preoperative depressive symptoms and postoperative cognitive dysfunction in patients submitted to surgery undergoing general anesthesia

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Introduction: Among the several factors that are related to the occurrence and the level of postoperative cognitive dysfunction is the depression. Depression can occur before, during, or after a surgical event, and depending on the period in which it occurs refers to different causes and consequences.

Aim: Aim of this study is to investigate associations between postoperative cognitive changes and the presence of depressive symptoms.

Method: With the approval of the institutional ethics committee, patients over 60 years of age undergoing non-cardiac surgeries under general anesthesia were evaluated. Scale of quality of life, depressive symptoms and neuropsychological battery were applied to assess general mental state, attention, memory and executive abilities. This battery defines the cognitive index of stability and detects mood alterations and cognition. These evaluations were performed before surgery, and at the 3rd, 7th, 21st, 90th and 180th postoperative days. The data collected will be analyzed using analysis of variance for repeated measurements (ANOVA and Mann Whitney), considering values below $p < 0.05$. The relationship between the occurrence of preoperative depressive symptoms and POCD will be assessed by the chi-square test and Spearman's correlation test.

Results: Of the 75-elderly recruited, 71 patients signed the ICF, 62 patients were submitted to a battery of preoperative tests, operated and reassessed postoperatively. Of these 53.1% had depressive symptoms preoperatively. We analyzed the association between the presence of preoperative depressive symptoms and the presence of postoperative cognitive dysfunction. Regarding the TICS test, a different behavior was observed between patients with and without depressive symptoms, with a decrease in performance on the 3rd and 7th day in patients presenting with such symptoms, while patients without depressive symptoms maintained a constant increase in their performance. During all evaluative moments, indicating preoperative depressive symptoms can cause cognitive impairment, increasing the probability of occurrence of POCD.

Conclusion: Preoperative depression symptom cause postoperative cognitive impairment.

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