



EVOLUTION OF ANXIOUS AND DEPRESSIVE SYMPTOMS IN BURN PATIENTS

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INTRODUCTION

Anxious and depressive symptoms are common outcomes in burn patients. Measuring and addressing them becomes a way of attending to the person as a complex individual, recognizing its emotional needs beyond the medical treatment. This study aims to describe the evolution of anxious and depressive symptoms in burn patients treated at Fundación Santa Fe de Bogotá, in relation to their sociodemographic and clinical characteristics.

METHODS

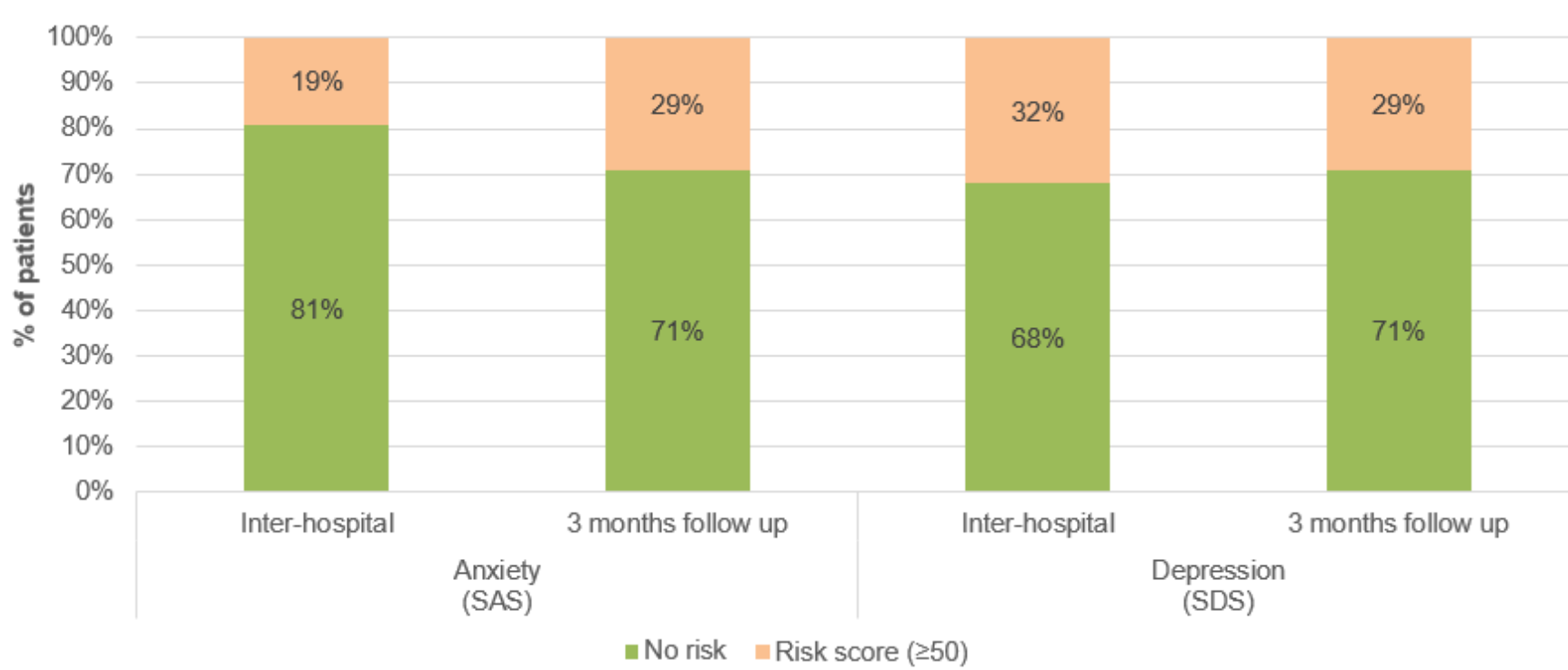
- Patients over 18 years old, admitted to the inpatient burn program from April 2022 to July 2023, were screened for anxiety and depression with the Zung Self-Rating Anxiety Scale (SAS) and the Zung Self-Rating Depression Scale (SDS), respectively, during hospitalization and at 3-month follow-up.
- Descriptive and inferential analysis of the data were performed to evaluate the evolution of patients' depressive and anxious symptoms, as well as the association between the Zung Scales score and patients' sociodemographic and clinical characteristics.

RESULTS

A total of 118 burn patients were included. Seventy percent were female and most of them had basic primary education (9.4%) and basic secondary education (58.12%). The population presented grade II (75.42%) and grade III (25.58%) burns, with almost 14.41% being considered major burns.

In the acute inter-hospital phase, 19% (N:22) and 32% (N:38) of patients scored for risks of anxiety (SAS ≥ 50) and depression (SDS ≥ 50), respectively. Three months post-discharge, the percentage of patients who scored at risk for both anxiety and depression changed to 29% (N: 34), demonstrating a decline in depression rates but an upward trend in anxiety (Figure 1).

Figure 1. Rates of anxiety and depression risks in burn patients (inter-hospital and at three months follow up). N:118

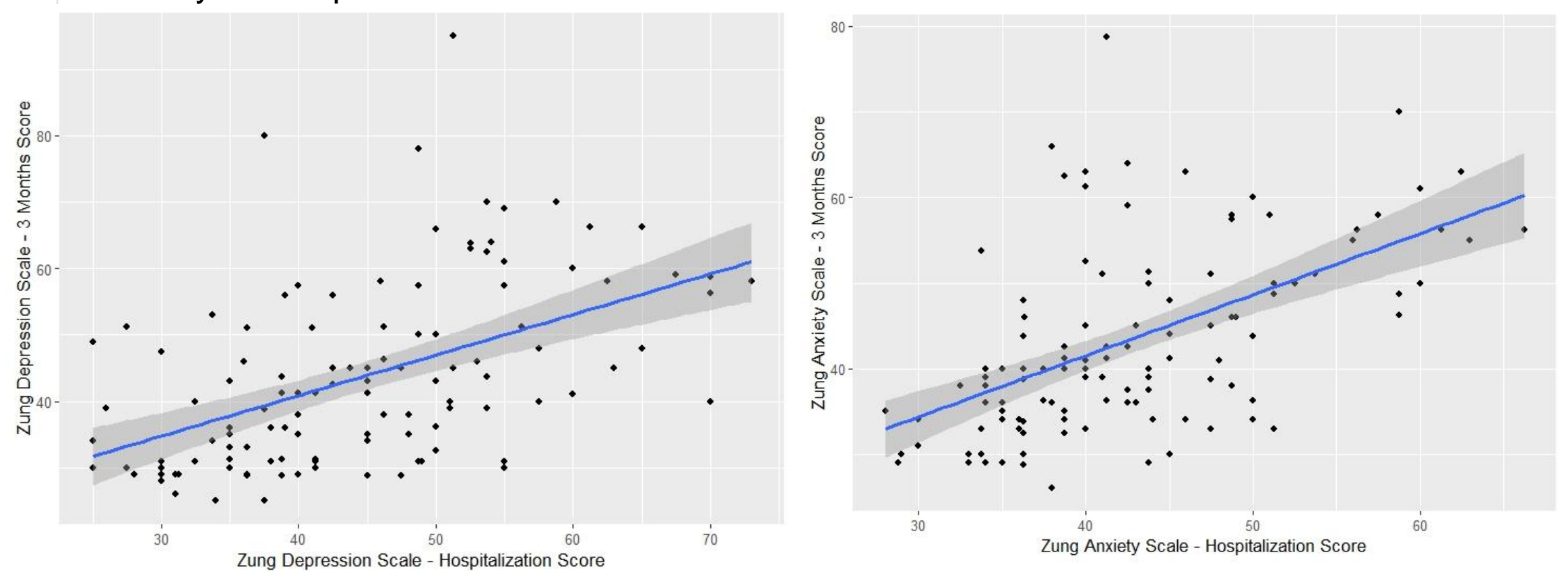


A positive linear correlation was found between the in-hospital anxiety and depression scores and the corresponding 3-month scores (Figure 2).

The median of in-hospital anxiety score was 41 (IQR 36-48), with a small decrease at 3 months to 40 (IQR 35-50). The median depression score was 43.5 (IQR 36-51), showing a decrease at 3 months to 41 (IQR 31-51).

Through linear regression models, no statistically significant differences were found with sociodemographic and clinical variables to explain any change in median in-hospital and 3-month follow-up.

Figure 2. Linear correlations between in-hospital and three-months post-discharge anxiety and depression ZUNG scale scores. N:118



CONCLUSIONS

This study highlights the significance of mental health screening and intervention for burn patients within a multidisciplinary and patient-centered treatment approach. No statistically significant differences were found between in-hospital and 3-month scores; however, patients with in-hospital risk are more likely to present risk at 3 months. Anxious and depressive symptoms may intensify as patients adapt with functional recovery and cope with burn-related limitations on their quality of life, which reinforces the need for continuous mental health monitoring, extending beyond the acute inpatient setting to cover the entire recovery cycle.

