However, there are patients with severe depressive symptoms who function rather well, suggesting that certain characteristics influence the association between depression severity and disability. Advancing previous research which focused mostly on the effect of illness characteristics, this current study aimed to identify additional personal and environmental characteristics that affect the synchrony of change among depressed patients. We assessed (1) whether the course of disability is dependent on the course of depressive symptom severity and (2) whether this synchrony of change is moderated by illness, personal, and environmental characteristics.

**Methods** Depressive severity and disability of 507 participants with a diagnosis of MDD at baseline were measured three times in 2 years. Illness, personal, and environmental characteristics were measured at baseline. For the statistical analysis, Linear Mixed Models were used.

**Results** Preliminary results indicated that change in disability was synchronous to change in depressive symptoms. Furthermore, high agreeableness and high work stress led to impaired functioning despite mild depressive symptoms whereas higher age and conscientiousness led to better functioning despite severe depressive symptoms.

**Conclusions** This study indicates synchrony of change between depression severity and disability. However, some personal and environmental characteristics cause an exemption to this and may thus be useful to consider during treatment of depression in order to decrease disability among MDD patients.

**Methods** Data come from part of the SABE study—a longitudinal research in the city of São Paulo, 2000/2006/2010. N=1155 people aged 65 and plus were interviewed in the 2006 round. ROC analysis was used to select a cut-off point in the MCS-12.

**Results** 905 persons reported answers to both scales. General prevalence of severe depression was 2.6% (1.6 males, 3.2 females). A cut-off point of 43 in MCS-12 led to 88% area under ROC curve. Accuracy was 89.3 (86.5 females, 93.5 males), sensitivity 0.73 (0.72 females, 0.75 males) and specificity 0.90 (0.87 females, 0.94 males).

**Conclusions** The validation parameters found in this research indicate that the MCS-12 is a valid measure of depressive symptoms in epidemiologic studies of elders, and a screening tool for depression in clinical practice.

**Methods** A population-based sample of 720 pregnant women from two rural subdistricts was assessed for symptoms of antepartum depression, using the Edinburgh Postpartum Depression Scale, and antepartum anxiety, using the State Trait Anxiety Inventory, and followed for 6–8 months postpartum. Infant birth weight of 883 (81%) singleton live babies born at term (≥37 weeks of pregnancy) was measured within 48 h of delivery. Baseline data provided socioeconomic, anthropometric, reproductive, obstetric, and social support information.

**Results** After adjusting for potential confounders, depressive (OR 2.24; 95% CI 1.37 to 3.68) and anxiety (OR 2.08; 95% CI 1.30 to 3.25) symptoms were significantly associated with LBW (≥2.5 kg). Poverty, maternal malnutrition, and support during pregnancy were also associated with LBW.

**Conclusions** This study provides evidence that maternal depressive and anxiety symptoms during pregnancy predict the LBW of newborns and replicates results found in other South Asian countries. Policies aimed at the detection and effective management of depressive and anxiety symptoms during pregnancy may reduce the burden on mothers and act as an important measure in the prevention of LBW among offspring in Bangladesh.