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** Depression 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, higher 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.

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**THE SHORT FORM HEALTH SURVEY AS AN INSTRUMENT FOR THE SCREENING OF DEPRESSIVE SYMPTOMS IN THE ELDERLY POPULATION**

**Introduction** There is a large volume of scientific works concerning the utility of the 12-item Short-Form Health Survey (SF-12) and its mental health component (MCS-12) for diagnosing depression and anxiety disorders in samples of a general population. Because of the existence of a great number of studies using SF-12 data, it is convenient to estimate depressive symptoms from measurements of MCS-12 in more susceptible populations such as the elderly. In this paper we studied the validity of this scale as a screening measure of depressive symptoms in epidemiologic studies of elders, and a screening tool for depression in clinical practice.

**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 leaded to 88% area under ROC curve. Accuracy was 89.3 (86.5 females, 93.5 males), sensibility 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.