ic PD and 41 normal subjects. For the study we used the following instruments: original scale of Hoehn and Yahr Stages and the Quality of Life in Swallowing Questionnaire (SWAL-QOL).

Results: From the data analysis, it can be seen that there is a significant difference between the QOL in swallowing of PD patients, especially from stage 1 to 4 of the disease, according to the overall score. Regarding the specific areas that the questionnaire assesses, there was a significant difference in the fields of burden, duration of meal times, communication, social function, sleep and fatigue, when comparing stages 1 and 2 with stage 4. It was found that individuals in any stage of PD present a highly significant difference (p<0.0001) in QOL in swallowing compared to subjects without the disease, according to the overall score of the questionnaire. In the analysis of the domains of the questionnaire, it was found that the significant differences occur after the second stage. After this stage the score decreased significantly, representing the decline in quality of life.

Conclusion: The quality of life in swallowing of Parkinson’s patients is impaired as the disease progresses. The application of SWAL-QOL in the studied population provides relevant information to health-care professionals about swallowing and other manifestations resulting from the decline of this function, which allows a better delineation of care.

Key words: Parkinson’s disease, quality of life, swallowing, scale.


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Introduction: The association between depression and multiple sclerosis (MS) is customary (about 37 to 60% of patients), with a suicide frequency 7.5 times higher than in healthy individuals. Many studies point to a common physiopathologic basis between these pathologies; there is evidence of neurologic lesions that disconnect some regions of cerebral cortex and/or subcortical pathways, like the fronto-temporal detachment caused by lesions on the arcuate fasciculus, or the hypothalamus-mediated endocrine dysfunction caused by inflammatory activity. The occurrence of this comorbidity in Brazilian population is yet underestimated. At Bahia, this datum does not exist. In addition, the drug treatment hasn’t been effective.

Objective: To estimate the prevalence of depression and the clinical and demographic profiles of patients with MS and to evaluate the applicability of Beck’s Depression Inventory (BDI) among these persons.

Method: It has been performed an analytic descriptive transversal study. The diagnosis of MS has been performed using Poser’s criteria; to depression, it has been used the BDI, and a psychiatric interview has ensued, using the Mini International Neuropsychiatric Interview (M.I.N.I.) for further analyses. Patients with suspect of Devic’s disease, and demential syndrome have been excluded, along with patients with acute exacerbation of MS, those who are on interferon, or have less than two years of diagnosis of MS.

Results: 76 patients were included in this study. According to BDI criteria, 48.7% of the sample had depression, compared to 56%, following M.I.N.I. criteria. The concordance index between these two methods was almost perfect (kappa=0.84). 1 patient (1.4%) has suicided, and suicidal ideation was present in 21.3% of patients. The average age for presenting symptoms was 33.3 years, and the mean period of disease was 9.3 years. There was only a strong association between severe neurologic impairment and depression (p<0.05).

Conclusions: In accordance with current literature, depression among MS patients has higher prevalence than in other disabling neurologic diseases, corroborating with our datum of 48.7%. Although controversial, in our sample, depression correlated with a higher level of neurologic impairment and further disability. BDI may be an appropriate tool to evaluate depression in MS.

Key words: Multiple sclerosis, depression, Beck’s Depression Inventory


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The Steinert’s disease (SD) is the most common form of muscular dystrophy with onset of symptoms in adult-