

# Use of psychotropic drugs in family health strategy unit

## *Uso de psicotrópicos em uma unidade de estratégia de saúde da família*

Júlia de Lima Ramon<sup>1</sup> • Débora Aparecida da Silva Santos<sup>2</sup> • Bruna Leniny Ataídes Beltrão<sup>3</sup> • Letícia Silveira Goulart<sup>4</sup> • Lorena Araújo Ribeiro<sup>5</sup> • Franciane Rocha de Faria<sup>6</sup> • Ricardo Alves de Olinda<sup>7</sup>

### ABSTRACT

This study aims to analyze the profile of users who consume psychotropic drugs, as well as the factors associated with this practice, in a Family Health Strategy (ESF) of Rondonópolis-MT. A cross-sectional and descriptive research of a quantitative nature. The study participants were residents older than 18 years of age from the area covered by an ESF unit in Rondonópolis, MT. Statistical associations between the use of psychotropic drugs and sociodemographic data were investigated using the Chi-square test and logistic regression models. 578 users were included in the study. The prevalence of psychotropic use was 9.86%. Psychotropic users are mostly women (78.95%), individuals aged 18-59 years (68.42%), with low schooling (68.42%) and belonging to economic classes C and D (64.91%). There was a significant association between use of psychoactive drugs and being working. The most commonly used classes of psychotropics were antidepressants, antiepileptics and anxiolytics. Being inserted in the labor market is a predictive factor for the use of psychotropic drugs. There is a need for the implementation of services that guarantee the rational use of these drugs.

**Keywords:** Mental Health; Psychotropics Drugs; Family Health Strategy

### RESUMO

Objetiva-se analisar o perfil dos usuários que consomem psicotrópicos, bem como os fatores associados a esta prática, em uma Estratégia de Saúde da Família (ESF) de Rondonópolis-MT. Pesquisa do tipo transversal e descritiva de caráter quantitativo. Participaram do estudo moradores maiores de 18 anos da área de abrangência de uma unidade de ESF de Rondonópolis, MT. Foram investigadas associações estatísticas entre o uso de psicotrópicos e os dados sociodemográficos, usando o teste Qui-quadrado e modelos de regressão logística. Foram incluídos no estudo 578 usuários. A prevalência de consumo de psicotrópicos foi de 9,86%. Os usuários de psicotrópicos são em sua maioria mulheres (78,95%), indivíduos com idade entre 18 a 59 anos (68,42%), com baixa escolaridade (68,42%) e pertencentes as classes econômicas C e D (64,91%). Verificou-se associação significativa entre uso de psicofármacos e estar trabalhando. As classes de psicotrópicos mais consumidas foram os antidepressivos, anti-epiléticos e ansiolíticos. Estar inserido no mercado de trabalho é um fator preditor para o uso de psicotrópicos. Existe a necessidade da implementação de serviços que garantam o uso racional destes medicamentos.

**Palavras-chave:** Saúde Mental; Psicotrópicos; Estratégia Saúde da Família

### NOTA

<sup>1</sup>Federal University of Mato Grosso. University Campus of Rondonópolis. Multiprofessional Family Health Residency Program. E-mail: julia\_lima16@hotmail.com.

<sup>2</sup>Federal University of Mato Grosso. University Campus of Rondonópolis. Multiprofessional Family Health Residency Program. E-mail: deboraassantos@hotmail.com.

<sup>3</sup>Federal University of Mato Grosso. University Campus of Rondonópolis. Multiprofessional Family Health Residency Program. E-mail: brunaleniny\_beltrao@hotmail.com.

<sup>4</sup>Federal University of Mato Grosso. University Campus of Rondonópolis. Multiprofessional Family Health Residency Program. E-mail: lgoulart77@yahoo.com.br. Corresponding author.

<sup>5</sup>Federal University of Mato Grosso. University Campus of Rondonópolis. Nursing Course. E-mail: lorenaenfermeira@hotmail.com.

<sup>6</sup>Federal University of Mato Grosso. University Campus of Rondonópolis. Medicine Course. E-mail: francianerdefaria@hotmail.com.

<sup>7</sup>State University of Paraíba. Department of Statistics-CCT. E-mail: ricardo.estat@yahoo.com.br.



## INTRODUCTION

Psychotropics are drugs that act on the central nervous system and can lead to addiction, because they act by producing changes in behavior, perception, thinking and emotions, by modifying the way we act, think, and feel<sup>(1)</sup>. Nowadays, there is an imposition by society that people should always be physically or emotionally well, because on the contrary, it can present a threat in the social and productive insertion of the subject. In this way, psychotropics have been used in a banal way to solve personal concerns<sup>(2)</sup>. Faced with this fact, for this type of medicine to have a significant social function, it is necessary that it be prescribed safely by a medical professional, qualified with the knowledge necessary for their real need<sup>(3)</sup>.

In Brazil, from the 1980s, with the discussions of psychiatric reform, Primary Health Care (PHC) brought a new vision, seeking to promote health to overcome the medical practice, having mental health inserted in this context<sup>(4)</sup>. Even in the face of the reformulation of mental health practices in community services, on many occasions, psychotropic user care is based on maintaining the prescription with the family doctor, usually a general practitioner, and the patient does not have a specialized care<sup>(5)</sup>.

Psychotropics are among the most prescribed classes of medication in the United States<sup>(6)</sup> and South Africa<sup>(7)</sup>. In Brazil, there are few studies analyzing the prevalence and pattern of psychotropic use in the population and in PHC<sup>(3,8-10)</sup>. In addition, there is a growing number of people in use, which leads to the need to know the epidemiological profile in mental health of the territory to plan interventions with the community and health professionals. The present study aimed to analyze the profile of users who consume psychotropic drugs, as well as the factors associated with this practice in a Family Health Strategy (ESF) in Rondonópolis-MT.

## METHOD

A cross-sectional and descriptive research of a quantitative nature. The ESF unit studied is in the municipality of Rondonópolis-MT. The attendances happen from Monday to Friday, from 7:00 am to 11:00 am and from 1:00 pm to 5:00 pm. The area covered has 3386 people registered, of these, 2637 are 18 years or more, this amount of people is distributed in 7 micro areas, all of which are covered by community health agents. Individuals of both sexes participated in the study, being considered any area of coverage for the application of the questionnaires.

Inclusion criteria were: to be a resident of the area of coverage, to be 18 years of age or older and to accept to participate in the research by signing the Informed Consent Term. As exclusion criteria: people unable to re-

spond to the interview and those who, after the third attempt at home visits, were not found in the residences.

The data collection comprised the period from June 2015 to April 2016, being carried out at the users' home. The information was obtained through a structured questionnaire composed of questions related to socio-demographic characteristics and consumption of psychotropic drugs.

In order to guarantee the veracity of the information obtained regarding the drugs consumed, the standard methodology established by Landry and his collaborators<sup>(11)</sup>. This methodology consists of requiring the respondents to the packaging, prescription, package or blister of medicines used, avoiding omission, usually by forgetting medicines in use. The classification of the active principles present in each drug was based on the classification of the Anatomical Therapeutic Chemical - ATC<sup>(12)</sup>.

Statistical associations between the dependent variable (use of psychotropic drugs) and independent (socio-demographic) variables were investigated using the Chi-square test, and the null hypothesis was rejected when "p" was found to be less than or equal to 0.05 and logistic regression models were developed to verify the impact of the independent variables on the dependent variable, with odds ratio (OR) and 95% confidence intervals for the association between each independent variable and the use of psychotropic drugs. The explanatory variables that presented in the bivariate analysis  $p < 0.05$  were included in the model and the variables that, although they did not present significant associations, were strongly associated with the dependent variable, according to the literature.

All ethical aspects of research with human beings were respected, according to Resolution No. 466/2012, and this research was analyzed and approved by the Research Ethics Committee of the Júlio Muller Hospital, Federal University of Mato Grosso (UFMT), opinion: 1.243.263 and CAAE 45225315.0.0000.5541.

## RESULTS

578 people were interviewed, reaching 21.91% of the population in the area covered by the FHS. The sample consisted mainly of women ( $n = 419$ , 72.49%) with median age of 48 years (minimum of 18 and maximum of 92 years). The results show that 9.86% ( $n = 57$ ) of the interviewees use psychotropic drugs, the average consumption of psychotropic drugs was 1.77 drugs per user.

Psychotropic users are mostly women (78.95%), aged between 18 to 59 years (68.42%) and with low schooling (68.42%). Regarding the occupation, 82.46% of the users reported not being working at the time of the interview. The majority (64.91%) belonged to economic classes C

and D. A percentage of 66.67% of psychotropic consumers resides at home with up to three residents. Table 1 presents these data.

The analysis of the sociodemographic variables among

the groups of individuals who consume and do not consume psychotropic indicated a statistical difference for schooling ( $p = 0.048$ ) and occupation ( $p < 0.001$ ), these results are described in Table 2.

**TABLE 1 – Sociodemographic characteristics of users enrolled in a FHS who use psychotropic drugs. Rondonópolis, MT, Brazil, 2016.**

VARIABLES	n	%
<b>Gender</b>		
Male	12	21,05
Female	45	78,95
Total	57	100
<b>Age</b>		
From 18 to 59	39	68,42
≥ 60 years	18	31,58
Total	57	100
<b>Education</b>		
≤ 8 years of study	39	68,42
> 8 years of study	17	29,83
Did not know or did not inform	1	1,75
Total	57	100
<b>Occupation</b>		
Work	10	17,54
Don't work	47	82,46
Total	57	100
<b>Social Class</b>		
Class A and B	17	29,83
Class C and D	37	64,91
Did not know or did not inform	3	5,26
Total	57	100
<b>Number of persons in residence</b>		
≤ 3	38	66,67
4 ≥ 6	19	33,33
Total	57	100

Source: survey data.

**TABLE 2 – Relationship of sociodemographic variables with regard to the use of psychotropic drugs in registered users of a FHS. Rondonópolis, MT, Brazil, 2016.**

VARIABLES	USE OF PSYCHOTROPICS			P Value
	YES n (%)	NO n (%)	TOTAL n (%)	
<b>Gender</b>				
Male	14 (8,8)	145 (91,2)	159 (100)	0,640
Female	43 (10,3)	376 (89,7)	419 (100)	
<b>Age</b>				
From 18 to 59 years	38 (9,1)	379 (90,9)	417 (100)	0,423
≥ 60 years	18 (11,5)	138 (88,5)	156 (100)	
<b>Education</b>				
≤ 8 years of study	39 (12)	286 (88)	325 (100)	0,048
> 8 years of study	17 (6,8)	233 (93,2)	250 (100)	
<b>Occupation</b>				
Work	10 (4,5)	214 (95,5)	224 (100)	<0,001
Don't work	47 (13,5)	302 (86,5)	349 (100)	
<b>Social Class</b>				
Class A and B	17 (10,6)	144 (89,4)	161 (100)	0,637
Class C and D	37 (9,2)	366 (90,8)	403 (100)	
<b>Number of persons in residence</b>				
≤ 3	38 (10,7)	317 (89,3)	355 (100)	0,474
4 ≥ 6	19 (8,5)	204 (91,5)	223 (100)	

Source: survey data.



Being working was the only factor associated with the use of psychotropic drugs in the study population, and individuals who work in the workplace have 3.2 (CI: 1.46 - 6.05) more times to use these drugs when compared to individuals who do not have occupation. The educational variable did not remain significant after adjusting the model (Table 3).

The most frequent complaints that led to the use of psychotropic drugs were anxiety (42.10%), insomnia (35.08%) and pain (22.80%). Regarding the time of use of the drug, the majority (45.76%) used less than one year. A relevant data is that 36.84% of the users who consume psychotropic drugs did not go through a medical consultation in the last three months to follow the drug treatment, only doing the renewal of the prescription in the FHT (Table 4).

The great majority (70.18%) of psychotropic users considered their health status to be optimal or good after starting pharmacological treatment. Regarding other types of follow-up in addition to drug therapy, only 14.04% reported follow-up consultations with a psychologist and no interviewees reported follow-up in Psychosocial Care Centers or other types of follow-up (Table 4). The medical specialties that prescribed the most psychotropics were psychiatrists (38.60%), neurologists (21.05%) and general practitioners (21.05%), other specialties corresponded to 19.30% of the prescriptions.

The users consumed 101 medications, the classes of psychotropics most used were antidepressants (41.58%), followed by antiepileptics (24.76%) and anxiolytics (14.85%). The most commonly used psychotropics were clonazepam, amitriptyline and citalopram (Table 5).

**TABLE 3 – Distribution of sociodemographic variables with odds ratio (OR) estimation according to logistic regression and their respective 95% confidence intervals (95% CI) of users enrolled in a FHS. Rondonópolis, MT, Brazil, 2016.**

Method	Coefficient	Standard error	P Value	OR	IC95%	
					Inferior	Superior
Constant	2,334	0,399	<0,001			
<b>Gender</b> Female Male	0,008	0,359	0,981	1,2 1	0,63	2,42
<b>Age</b> 18-59 ≥ 60	-0,382	0,364	0,293	1,2 1	0,65	2,24
<b>Education</b> ≤ 8 years of study > 8 years of study	0,448	0,347	0,093	1,7 1	1,00	3,16
<b>Occupation</b> Work Don't work	1,147	0,395	0,003	3,2 1	1,46	6,05
<b>Social Class</b> Class A and B Class C and D	-0,395	0,344	0,25	0,9 1	0,48	1,68
<b>Number of persons in residence</b> ≤ 3 4 ≥ 6	-0,312	0,327	0,339	0,8 1	0,45	1,49

Source: survey data.

**TABLE 4 – Characteristics of the consumption of psychotropic drugs by registered users in an FHS. Rondonópolis, MT, Brazil, 2016.**

VARIABLES	n	%
<b>Time of use of psychotropic drugs</b>		
3 months ago	13	22,80
More than 3 months to 1 year	13	22,80
1 to 3 years	07	12,28
3 to 5 years	08	14,05
For over 5 years	16	28,07
Total	57	100
<b>Medical consultation in the last 3 months for monitoring and evaluation of the use</b>		
Yes	36	63,16
No	21	36,84
Total	57	100
<b>State of health after initiation of drug therapy with psychotropic drugs</b>		
Great	14	24,56
Good	26	45,62
Regular	14	24,56
Bad	3	5,26
Total	57	100
<b>Complementary follow-up to drug therapy with psychotropic</b>		
Therapies with psychologist	8	14,04
CAPS Offices	0	0
Other types of follow-up	0	0
Do not perform	49	85,96
Total	57	100

Source: survey data.

**TABLE 5 – Description of the psychotropics consumed according to the therapeutic subgroup (levels 2/3 of the ATC classification) by users enrolled in a FHS. Rondonópolis, MT, Brazil, 2016.**

Therapeutic Class	n	%
<b>Antidepressants (N06A/ N06AX)</b>		
Amitriptilina	14	13,86
Citalopram	10	9,90
Fluoxetina	06	5,94
Sertralina	05	4,95
Escitalopram	04	3,96
Venlafaxina	01	0,99
Trazodona	01	0,99
Duloxetina	01	0,99
Total	42	<b>41,58</b>
<b>Antiepileptics (N03A/ N03AX)</b>		
Clonazepam	15	14,86
Fenobarbital	03	2,97
Carbamazepina	02	1,98
Ácido valpróico	02	1,98
Fenitoína	02	1,98
Lamotrigina	01	0,99
Total	25	<b>24,76</b>

<b>Anxiolytics (N05B)</b>		
Diazepam	08	7,92
Bromazepam	04	3,96
Alprazolam	02	1,98
Lorazepam	01	0,99
Total	15	<b>14,85</b>
<b>Antipsychotics (N05A)</b>		
Haloperidol	02	1,98
Olanzapina	02	1,98
Risperidona	02	1,98
Clorpromazina	01	0,99
Lítio	01	0,99
Total	08	<b>7,92</b>
<b>Anti-vertigo preparations (N07C)</b>		
Flunarizina	02	1,98
Cinarizina	01	0,99
Total	03	<b>2,97</b>
<b>Antiparkinsonians (N04)</b>		
Biperideno	02	1,98
Total	02	<b>1,98</b>
<b>Anti-trust drugs (N06D/ N06DA)</b>		
Galantamina	01	0,99
Donepezil	01	0,99
Memantina	01	0,99
Total	03	<b>2,97</b>
<b>Dopaminergic agents (N04B)</b>		
Levodopa	01	0,99
Total	01	<b>0,99</b>
<b>Hypnotics and sedatives (N05C)</b>		
Zolpidem	01	0,99
Total	01	<b>0,99</b>
<b>Psychostimulants, agents used for ADHD and nootropics (N06B)</b>		
Piracetam	01	0,99
Total	01	<b>0,99</b>
<b>Grand total</b>	<b>101</b>	<b>100</b>

Source: survey data.

## DISCUSSION

Pharmacological investigations allow to characterize pharmaceutical specialties, users, associations between them and identify vulnerable subgroups and potential risks, generating elements useful to managers<sup>(13)</sup>. In the present study, the prevalence of psychotropic use was 9.86%. Brazilian epidemiological surveys indicate values of 6.8% to 25% of consumption of these drugs in PHC<sup>(9,10,14)</sup>. The differences found in studies of prevalence of drug consumption are the result of regional characteristics, endpoint, population, year and / or year of the study and refusal rate<sup>(15)</sup>.

Among the limitations of this study is the fact that it was performed in only one ESF unit, and it is necessary to expand this research to better understand the epidemiology of the use of psychoactive drugs in the city. Another limitation is the recall period used, although this procedure is quite usual in the literature, comparisons

with other studies should always consider that the prevalence and associated factors may differ according to the period of use investigation. In addition, the difficulty of establishing a causal relationship in cross-sectional studies, even if it exists, should be considered.

A higher prevalence (78.95%) of psychotropic use among women was observed, corroborating with other studies<sup>(9,14)</sup>. This fact can be explained by the fact that women are more concerned and aware of health-related issues and thus adhere more to health services as well as to pharmacological treatments<sup>(2,15)</sup>. In addition, according to the American Psychiatric Association, women are more vulnerable to anxiety and mood disorders<sup>(16)</sup>. Currently, they are more present in the labor market, as well as being mainly responsible for tasks related to the home and family, becoming more overwhelmed and susceptible to symptoms, such as anxiety<sup>(17)</sup>.

Statistical analysis showed a predominance of psy-



choactive drugs consumption among subjects with low schooling ( $\leq 8$  years of schooling), however, this factor was not maintained in the logistic regression model. A study carried out in a city in the interior of the state of São Paulo found a significant association between psychoactive drugs use and schooling, and the majority (65.8%) of psychoactive drug users in APS had complete or incomplete elementary education<sup>(9)</sup>. Lower education is associated with greater mental health problems<sup>(18)</sup>. A possible explanation for this phenomenon is related to the possibilities of life choices available to individuals with better education, as well as to influence aspirations, self-esteem and acquisition of new knowledge, which can motivate healthier attitudes and behaviors<sup>(19)</sup>.

In the studied population, not being included in the labor market was shown as a predictor of the use of psychotropic drugs. In the study of Garcias and his collaborators<sup>(20)</sup> greater consumption of psychotropic drugs was identified among people who did not work, either formally or informally. In another study, self-declared patients who were not included in the labor market had a higher prevalence of benzodiazepine use<sup>(21)</sup>. In the population-based study, we observed higher prevalence of psychotropic use, adjusted for age and/or sex, in those who reported not performing occupational activity at the time of the research<sup>(14)</sup>.

Most of those surveyed did not perform complementary follow-up. Most often, PHC health professionals can not clearly identify the problems of users who use psychotropic drugs, yet when they do, they do not schedule alternative forms of drug treatment<sup>(22,23)</sup>. Santana and contributors<sup>(24)</sup> emphasize that it is necessary to understand the contextualization of psychic suffering through the problematization of specific aspects of it, in order to immerse itself in a deeper and more detailed context of the problematic in question.

Most users receive the first specialized mental health care with a neurologist or psychiatrist, and from there, they only perform the maintenance of the prescription in the PHC by the general practitioner for long periods. A percentage of 36.84% of users studied did not go through a medical consultation in the last three months, a cause for concern, since the period considered adequate for medical reevaluation after prescription of a psychotropic drug is up to two months<sup>(25)</sup>. One of the main problems related to the treatment of mental health is that there are still no protocols for the team to follow the users nor well-established guidelines for the treatment of patients in PHC<sup>(10)</sup>.

The psychiatrists were the most prescribed psychotropic (38.60%), a result similar to that observed in the research, however, the frequency of prescriptions issued by the general practitioner was 21%, the same percentage observed in the prescriptions of neurologists<sup>(26)</sup>. Authors pointed out in their study that the general practitioner was the professional who most emitted prescription of the prescriptions analyzed, being the specialists, neurologist and psychiatrist, who must be the most qualified professionals to prescribe psychotropic, with a small part of the prescriptions when compared to the general practitioner<sup>(27)</sup>. Anthierens and contributors<sup>(28)</sup> describe that because they prescribe too much of this type of medicine and know less about its effects, general practitioners are not providing enough care. In the city under study, few neurologists or psychiatrists attend the health network, and it is not possible to supply the population's demand, which may contribute to the greater prescription of general practitioners.

The most commonly used class of psychotropics was antidepressants. In Porto Alegre, RS, the most prevalent class of psychoactive drugs was antidepressants, with 63.2% of users using this class of medication<sup>(10)</sup>. In Campinas, SP, it was observed that the antidepressants were the most consumed psychotropic drugs - 52.6%<sup>(14)</sup>. Clonazepam, a benzodiazepine, was the drug most commonly used in the ESF analyzed. Benzodiazepines are widely used hypnotic and anxiolytic drugs worldwide.

## CONCLUSION

The consumption of psychotropic drugs predominated among women, individuals aged between 18 and 59 years, with low education and low income. Not being included in the labor market was the factor associated with the consumption of psychoactive drugs. The prevalence of psychoactive drugs consumption indicates the need to carry out actions that seek to promote the rational use of drugs for this part of the population.

In this way, there must be the implementation of services that guarantee the rational use of medicines, among them the psychotropic ones, involving the interdisciplinary team for the exchange of multiple knowledge, as well as the use of alternative therapies to the care, in order to understand the user holistically to preserve the population's health and reduce public spending.

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