

ACCEPTANCE OF PHARMACOLOGICAL THERAPY INVOLVING THE USE OF GENERIC MEDICATIONS BY
THE OLDER ADULTS

 ACEPTACIÓN DE TERAPIA FARMACOLÓGICA QUE IMPLICA EL USO DE MEDICAMENTOS GENÉRICOS POR
PARTE DE PERSONAS MAYORES

 ACEITAÇÃO À TERAPIA FARMACOLÓGICA ENVOLVENDO O USO DE MEDICAMENTOS GENÉRICOS
POR IDOSOS

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ABSTRACT

Introduction: With the creation of Law number 9,787 on generic medications in Brazil, there were three types of differentiated medications: the reference medication, the similar medication and the generic medication. Generic medications are interchangeable with a reference product, as long as they can prove their efficacy, safety and quality. **Objective:** To analyze the acceptance of pharmacological therapy involving generic medications from the point of view of the older adults. **Methods:** This is a descriptive study with a qualitative approach aimed at analyzing the acceptance of pharmacological therapy involving generic medications from the point of view of the older adults. The research was carried out in the Primary Care of the municipality of Cuité, located in the microregion of Western Curimataú in the countryside of the state of Paraíba. Twelve older adults participated in the research. After the collection, the textual corpus was processed in IRAMUTEQ, where the categorization work took place. **Results:** In this context, the Descending Hierarchical Classification dendrogram was obtained from the final material that analyzed six texts and generated six categories: "Medical prescription"; "Confidence in the generic medication"; "Quality of the generic medication"; "Cost-effectiveness"; "Difference between medication classes" and "Resistance in acceptance". **Final considerations:** there was a significant increase in the knowledge, acceptance and use of generic medications. To this end, it is evident that price is the most favorable factor for the choice of medications. Nursing plays a key role in promoting adherence to the use of generic medications.

Keywords: Culture of Acceptance; Generic Medication; Older Adult.

RESUMEN

Introducción: Con la creación de la Ley n° 9.787 sobre genéricos en Brasil, surgieron tres tipos de medicamentos diferenciados: el medicamento de referencia, el medicamento similar y el medicamento genérico. Los medicamentos genéricos son intercambiables con un producto de referencia, siempre que podamos verificar su eficacia, seguridad y calidad. **Objetivo:** Analizar la aceptación de la terapia farmacológica con medicamentos genéricos desde la perspectiva de las personas mayores. **Métodos:** Se trata de un estudio descriptivo con enfoque cualitativo cuyo objetivo fue analizar la aceptación de la terapia farmacológica con medicamentos genéricos desde la perspectiva de las personas mayores. La investigación se realizó en Atención Primaria en el municipio de Cuité, ubicado en la microrregión Oeste de Curimataú, en el interior del estado de Paraíba. Participaron de la investigación doce ancianos. Después de la recolección, el corpus textual fue procesado en IRAMUTEQ, donde se realizó un trabajo de categorización. **Resultados:** En este contexto, se obtuvo el dendrograma de Clasificación Jerárquica Descendente, constituido por el material final que analiza seis textos y genera seis categorías: "Prescripción médica"; "Confianza en los medicamentos genéricos"; "Calidad de los medicamentos genéricos"; "Costo-beneficio"; "Diferencia entre clases de medicamentos" y "Resistencia en la aceptación". **Consideraciones finales:** hubo un aumento significativo en el conocimiento, aceptación y uso de genéricos. Por tanto, está claro que el precio es el factor más favorable a la hora de elegir medicamentos. La enfermería juega un papel fundamental en la promoción de la adherencia al uso de medicamentos genéricos.

Palabras clave: Cultura de Aceptación; Medicamento Genérico; Adulto Mayor.

RESUMO

Introdução: Com a criação da Lei N° 9.787 dos genéricos no Brasil, passou a existir três modalidades de medicamentos diferenciados: o medicamento de referência, o medicamento similar e o medicamento genérico. Os medicamentos genéricos são intercambiáveis a um produto de referência, desde que consigam comprovar sua eficácia, segurança e qualidade. **Objetivo:** Analisar a aceitação à terapia farmacológica envolvendo medicamentos genéricos sob o ponto de vista de idosos. **Métodos:** Trata-se de um estudo descritivo de abordagem qualitativa voltado ao propósito de analisar a aceitação à terapia farmacológica envolvendo medicamentos genéricos sob o ponto de vista de idosos. A pesquisa foi realizada na Atenção Básica do município de Cuité, situada na microrregião do Curimataú Ocidental no interior do estado da Paraíba Participaram da pesquisa 12 idosos, após a coleta foi realizado o processamento do corpus textual no IRAMUTEQ, onde ocorreu o trabalho de categorização. **Resultados:** Nesse contexto, obteve-se o dendrograma de Classificação Hierárquica Descendente constituído a partir do material final que analisou seis textos e gerou seis categorias: "Prescrição médica"; "Confiança no medicamento genérico"; "Qualidade do medicamento genérico"; "Custo-benefício"; "Diferença entre as classes medicamentosas" e "Resistência na aceitação". **Considerações finais:** houve aumento significativo do conhecimento, aceitação e uso dos genéricos. Para tal, fica evidente que o preço é o fator mais favorável à escolha dos medicamentos. A enfermagem desempenha um papel fundamental na promoção da adesão ao uso de medicamentos genéricos.

Palavras-chave: Cultura de Aceitação; Medicamento Genérico; Idoso.



INTRODUCTION

Medication can be defined as a pharmaceutical product that contains one or more drugs and some substances for prophylactic, curative, palliative and diagnostic purposes, requiring the use of a technique for its preparation. With the creation of Law number 9,787 on generic medications in Brazil, in 1999, there were three types of medications: reference, similar and generic⁽¹⁻²⁾.

It is important to highlight that, if generic medications are used properly, they bring positive results for the economy, especially in the field of public health, with cost reduction. This is what happens in some countries in Europe, such as Spain, for example, where the trade in generic medications makes the economy profit 1,000 million euros every year. On the other hand, it is admitted that patient confidence is related to the use of medications. In addition, a study conducted in Brazil indicated that 30% of its population believes that these medications are as effective as brand-name ones⁽³⁾.

However, in some cases, there is a certain resistance from physicians that ends up reflecting consequently on the older adults, when it comes to the demand for generic medications, even though there is a considerable difference in value. It can be said that the largest consumers of medications are the older population. In this perspective, about 80% of this public uses at least one medication daily, and 30% of this number consumes at least five medications simultaneously, that is, it is the age group of

society that most needs the pharmaceutical market⁽⁴⁾.

With the advent of globalization, the use of social networks has become increasingly common, so that information is spread quickly. In addition, Brazil contains a population of approximately 28 million people over 60 years of age. In this perspective, the propagation of fake news about generic medications, often intentionally, can end up becoming something customary for the geriatric group. From the moment that these news are shared, even without foundation, they can end up influencing public opinion in general, bringing consequences such as the abandonment of treatments, greater ease of drug interactions, in addition to the worsening of existing diseases⁽⁵⁾.

Despite this, there are still doubts on the part of the population about the effectiveness of generic medications, aggravated by factors such as culture, disclosure about them, the low medical prescription of these products, the commitment of pharmacists to provide information, the low degree of knowledge of the population and the insecurity of the patients when exchanging the original medication for the generic. Even in the face of these factors, there has been a considerable increase in this acceptance, highlighting the importance of pharmaceutical care when dispensing generic medications, especially to the humblest class of the population⁽⁶⁾.

Thus, the relevance of gathering information about the acceptance and efficiency of generic medications makes the study even



more relevant, especially for the older population, especially when considering that this age group makes daily use of medications, some of high cost that may make treatment impossible, in addition to disseminating the importance and the real role of the generic medication, contributing to raise awareness of its use among the older population.

In this sense, the general objective of the study is: To analyze the acceptance of pharmacological therapy involving generic medications from the point of view of the older adults. And as specific objectives: Identify whether there is difficulty or resistance on the part of the older adults regarding the use of generic medications; Describe the factors that influence the acceptance and trust in generic medications by the older adults and Investigate the frequency of use of generic medications by the older adults.

METHODS

This is a descriptive study with a qualitative approach, carried out in the municipality of Cuité, located in the microregion of Western Curimataú, in the countryside of the state of Paraíba. Currently, the city has 10 Basic Family Health Units (BFHUs), six in the urban area and four in the rural area. The municipality has a territorial area of 733.818km² and an estimated population of 20,331 people⁽⁷⁾.

Twelve older adults attended in Primary Care in the municipality of Cuité-PB were part of the research. We included the older adults assisted in the BFHUs and considered

cognitively apt, from the Mini Mental State Examination (MMSE) and excluded the older adults unable to understand the questions pointed out in the collection instrument.

For the collection of the empirical material, a semi-structured interview script was used, composed of two parts: one related to the information of the sociodemographic profile of the older person and the other addressing issues related to the acceptability and use of generic medications. The interviews were instrumentalized through direct recordings on a cell phone.

The empirical material was analyzed based on thematic content analysis proposed by Bardin, which is widely used in qualitative research. To facilitate this stage, the IRAMUTEQ (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*) software was used, through the Reinert or DHC (Descending Hierarchical Classification) method, which is characterized by the logic of correlation, using the segmentations of the textual *corpus* and hierarchical scheme of classes⁽⁸⁾.

The research was governed by Resolution number 466/2012 of the National Health Council (NHC)⁽⁹⁾ and the collection was started only after approval by the REC and signature of the Informed Consent Form (ICF). The interviewees were designated by the letter "I" followed by the sequential number of the interviews, based on their order of performance. The confidentiality, privacy and anonymity of the participants were ensured, who were informed about the issues



involving the research.

RESULTS

Of the 12 older adults who participated in the research, 10 (83.3%) were female and two (16.7%) were male. The mean age was 75.3 years. The minimum age was 66 years and the maximum was 88 years. Regarding marital status, seven (58.3%) were married, three (25%) widowed and two (16.7%) divorced. When asked with whom they lived, four (33.3%) reported living with children, seven (58.3%) with their spouse and only one (8.4%) with a spouse and children.

With regard to religion, nine (75%)

declared themselves Catholics, two (16.7%) declared themselves evangelicals and one (8.4%) did not want to declare. As for skin color, five (41.7%) were white and seven (58.3%) were brown. When asked if they could read and write, all (100%) said they knew. When asked if they had a caregiver, seven (58.3%) reported not having one and five (41.7%) said they did.

Information on the sociodemographic profile of the older adults assisted by Primary Care in the urban area of the municipality of Cuité-PB is presented in table 1.

Table 1 - Characterization of the sociodemographic profile of the older adults who participated in the research. Cuité, PB, Brazil, April 2023 (n=12).

VARIABLES	f(%)
Age	
60 to 69	03 (25%)
70 to 79	05 (41.7%)
80 to 89	04 (33.3%)
Gender	
Male	02 (16.7%)
Female	10 (83.3%)
Marital status	
Married	07 (58.3%)
Widowed	03 (25%)
Separated or divorced	02 (16.7%)
With whom you reside	
Child Spouse	04 (33.3%)
Child and spouse	04 (33.3%)
Religion	
Catholic	07 (58.3%)
Evangelical	01 (8.4%)
Did not want to declare	09 (75%)
Ethnicity	
Brown	07 (58.3%)
White	02 (16.7%)
Other	01 (8.4%)



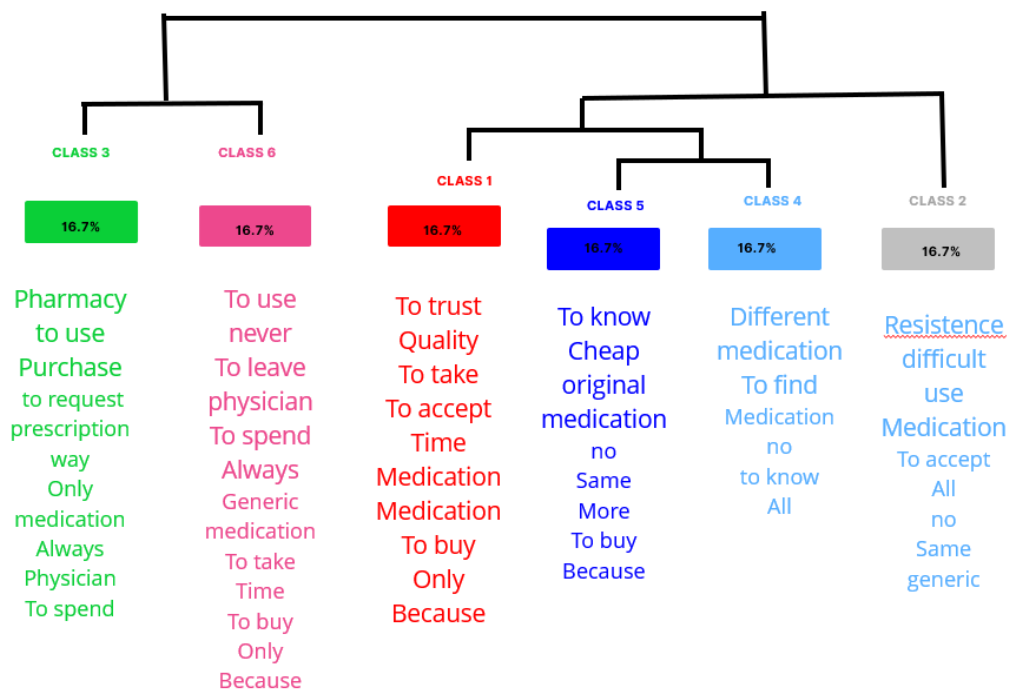
White		05 (41.7%)
Black	0 (0%)	
Literacy Education		
They know Read and Write		12 (100%)
TOTAL		12

Source: Research data, 2023.

After processing the textual *corpus* in IRAMUTEQ, from the analysis with DHC, the categorization work took place. In this context, according to Figure 1, the DHC dendrogram was obtained from the final material that analyzed 6 texts, separated into 29 Text Segments (TSs). The number of forms was 192, which resulted in 1058 occurrences (words, forms or terms), the number of lemmas was 152 and 108 were in the active form, that is, they were revealing of meaning, the number of supplementary forms

was equal to 40 and obtained a minimum retention of 24 TSs (82.76%), implying a satisfactory use, since it ideally exceeded 75%. The processed content was categorized into 6 Classes: Class 1 with 4 of the 24 TSs (16.67%), Class 2 with 4 of the 24 TSs (16.67%), Class 3 with 4 of the 24 TSs (16.67%), Class 4 with 4 of the 24 TSs (16.67%), Class 5 with 4 of the 24 TSs (16.67%), Class 6 with 4 of the 24 TSs (16.67%).

Figure 1 - Dendrogram representing the partitions in Classes and percentage of words.



Source: *Corpus* processing at IRAMUTEQ, 2023.

Figure 2 shows the dendrogram expressing the relationships between classes resulting from DHC. Six classes were obtained, where axis 1 includes classes 3 and 6 and is related to the categories "Medical prescription" and "Confidence in the generic medication".

Axis 2 includes classes 1, 5, 4 and 2, referring respectively to the categories: "Quality of the generic medication", "Cost-benefit", "Difference between drug classes" and "Resistance to acceptance".

Figure 2 - Dendrogram of the Descending Hierarchical Classification (DHC) with the classification of the corpus content.



Source: Author, 2023.

According to Figure 2, the texts present in classes 03 and 06 are the ones that are closest to each other and also, since the further away in the DHC branch, the smaller the relationships between the words. The closer they are, the greater the contextual affinity between the classes. The Chi-square test (χ^2) showed a higher degree of statistical significance for words in class 2, indicating that these terms have a strong relationship with the class. Thus, in this class the words are more related to the contents and findings of the research. In the IRAMUTEQ processing table, it is identified that class 2 is characterized mainly by the words: Resistance

($\chi^2 = 24$), Difficulty ($\chi^2 = 24$), Use ($\chi^2 = 18.24$), Medication ($\chi^2 = 11.66$).

DISCUSSION

The following will present the discussion of the six categories of analysis based on the analysis extracted from the Descending Hierarchical Classification, in IRAMUTEQ.

5.1 Medical prescription

The practice of generic substitution by reference prescriptions occurs worldwide, mainly due to economic reasons. Even after 20 years in the Brazilian market, it is seen that the

population still remains resistant to the use of generic medications and this is mainly due to the low medical incentive in the prescription, coupled with the lack of knowledge among health professionals for guidance on the use, and finally by the disbelief of patients who still prefer the originals⁽²⁾. The statements below reinforce this issue:

When buying some medication at the pharmacy, I only ask for the legitimate one. (I6)

When buying some medication at the pharmacy I usually follow the physician's prescription, I just bring it the way he went through. (I12)

It is believed that the industries directly interfere in the insertion of generic medications in Brazil, since they offer incentives (gifts, travel, profit sharing) for physicians to prescribe their reference medications or similar. In addition, the industry also offers bonuses in drugstores on the sales of its branded drugs. However, the objection by most prescribers is often seen when they use stamps making the exchange unfeasible and a personalized prescription indicating a certain drug. In SUS, it is determined that the prescription is made by the active ingredient, since the prescription is not characterized as advertising. However, in private practices, this is a professional choice⁽¹⁰⁾.

Faced with this scenario, it can be said that the medical professional is associated with resistance to generic medication adherence, especially when it comes to the geriatric public. This can be justified by the trust that patients

place in these professionals:

When buying the drug at the pharmacy I usually order it the way it is in the prescription. (I3).

Parallel to this, there is still the doubt induced by the marketing campaigns of brand manufacturers, which suggest, for example, that the more expensive, the greater their effectiveness. Thus, the relevance of the teamwork of health professionals for the adequacy of the use of medications arises, especially the pharmacist who provides confidence and safety for consumers to adhere to the use of generic medications⁽¹¹⁾.

In addition, it appears that most of the participants in this research purchased generic medications with a prescription. However, in most cases the reference medications are prescribed, given that the pharmacist makes interchangeability between the reference medication by the generic, as follows:

When buying a medication at the pharmacy, I usually ask for the generic medication, which already has the G in the box. (I4)

When buying a medication at the pharmacy I always say that if you do not have the original medication you can bring the generic medication, but I also like that one. (I5)

In short, it is stated that physicians have a fundamental role in the choice of medications, whether in the public or private sphere. It is pertinent that the government, through the control of advertisements, availability of medications on the network and the policy of reducing prices, contributes to raising awareness



of market adherence. In addition, the technical knowledge of professionals is also relevant, as it may encourage the interchangeability between the reference medication and the generic one, providing the acceptance of users⁽¹²⁾.

5.2 Confidence in the generic medication

Knowledge, as well as the perception of consumers regarding generic medications is fundamental, since only this will be able to grant the reach of this medication class in the various Brazilian populations⁽¹³⁾.

In order for there to be reliability among users and, consequently, adherence to the purchase of generic medications, it is necessary to advance technology and disseminate knowledge⁽¹⁴⁾. The statements below corroborate the above:

I never stopped using the medications because it is generic, I know they have quality. (I5)

I never stopped using the medication because it is generic, my daughter has already explained to me that they are safe and of the same quality. (I4)

Even though they are accepted by many consumers, there is still a certain insecurity regarding the acceptance of generic medicines compared to originals, since users sometimes show that they do not believe in the effectiveness of the treatment⁽¹⁵⁾, as can be seen in the statement below:

I never use the generic medication, because the physician does not pass. I

myself don't believe in generic medication. (I6)

Just as there are consumers who believe in the reliability of generic medications, there are also those who express themselves differently and justify that these medications have less efficacy in the treatment. Moreover, it is seen that the population still has a view that the quality of medications is linked to their brand, since if both have the same effect, the only thing that will diverge between them is this characteristic⁽¹⁶⁾.

In short, the population of this study demonstrated confidence in the efficacy of generic medications, as occurred in another study where, due to the lack of reference medications, users ended up opting for the acquisition of the generic medication⁽¹⁵⁾. In general, this position of acceptability is positive, demonstrating that these medications are safe and effective.

5.3 Quality of generic medication

It is indisputable how much generic medications have become an advance in the population's access to drug therapy, due to their benefits in facilitating the obtaining of a quality medication, lower cost and with safety in use. However, certain insecurity is still seen by consumers regarding the quality of the interchangeability of the reference medication by its generic, as many claim that they do not know the class of these medications so well. In this sense, it is possible to affirm that this lack of knowledge, as well as the lack of guidance from

its prescriber, make it difficult to implement the use of these medications⁽¹⁷⁾.

As already mentioned, it is important to highlight that the generic medication as well as the reference medication has the same amount of active ingredient and pharmaceutical form. As a result, they represent an efficient treatment for the population, having the same dosage, equivalence and bioavailability as the reference medication. With this, they guarantee the quality and effective assistance. This confidence in the quality of the generic was described a few times by the interviewees, as follows:

I accept and trust the generic medication, I know it has quality yes. (I4)

I have been using it for a long time and there has never been a change from the original medication I used to take to the generic medication. (I6)

Based on this, in the private sector a large part of the population has opted for the use of generics, considering that price ends up being one of the main factors and significantly influences the quality and continuity of treatment⁽¹⁸⁾.

Thus, it is noteworthy that the performance of quality control in the pharmaceutical industries is exceptionally important to ensure the safety, efficacy and credibility of their medications. The quality of a medication is directly related to compliance with good manufacturing practices. However, because they are cheaper, generic medications have always been questioned regarding their efficiency when compared to the originals⁽¹⁹⁾.

The following statements demonstrate this reality.

I have seen a lot of older adults in the pharmacy saying that they do not accept it, as it is cheaper and must have less quality. (I11)

Sometimes my sister tells me to buy the original medications, she says it has more quality but they are expensive, I have no condition and I take the generic medications anyway. (I2)

The statements of I2 and I11 show confidence in the effectiveness of generic medications, in view of the positioning of acceptability in a positive way. However, the preference for generic medications is still real due to the lower price and not because of the quality and efficacy they present⁽¹⁵⁾.

5.4 Cost-benefit

Generic medications have become fundamental for cost reduction, given the complexity of access to health, as well as the barriers to diagnosis and treatment of diseases and the economic difficulties of the population. Unsurprisingly, medication prices are diversified and influenced by the dollar and the country's current economic situation. The statements below endorse this issue:

Once the physician gave me a very expensive supplement, the price difference between the medications was huge at almost half the price. (I3)

The generic medication is the cheapest medication because there is no tax, it is the same thing as the original, they are the same compositions. (I4)

Thus, generic medications have become a

possibility of choice for the population due to their cost-effectiveness and quality. The older adults are the group of people most commonly affected by medication costs. It also reinforces that it is the public that seeks health services the most, compared to younger people. In addition, the increase in life expectancy of this population is another important point that leads to this consumption^(18,20).

It is known that medications in Brazil generate a high cost to the family budget of part of the population, becoming a public health problem, as the number of people affected is worrying. In addition, a considerable portion of these people may not be able to acquire the medications to guarantee health treatment, due to their financial condition or difficult access to public health. For this, generic medications were implanted in order to improve this access and ensure safe and effective treatment⁽²¹⁾.

In a study on the reasons that interfered in the choice of consumers between generic medications and reference medications, noting that the beliefs and lack of information of the population significantly influenced the choice of the medication at the time of purchase. In view of the above, it is necessary to raise awareness and disseminate to the population the characteristics of generic medications, which have the same active ingredient, dose and formula of the reference medication and a much more accessible cost⁽²²⁾.

Thus, it is identified that it is important for the population to obtain drug treatment,

ensuring the promotion of everyone's well-being and health. For this, the generic medication was created in order to facilitate the access of people of lower purchasing power, because they are cheaper, they make the treatment viable⁽²²⁾.

Moreover, it was possible to perceive that one of the factors identified that favors the choice of these medications is the price. Thus, it is believed that the implementation of programs that stimulate the prescription of generics and campaigns of dissemination and clarification about these medications for the population of lower income and education are of paramount importance for a better knowledge and use of these medications, thus ensuring pharmacotherapeutic access for all populations⁽¹²⁾.

5.5 Differences between medication classes

The reference medication is the innovative one, registered first and developed by a laboratory after years of research and a lot of resources invested. With proof of its efficacy and safety, it has exclusive commercialization until the expiration of the laboratory's patent term, which varies from 10 to 20 years. To have its commercialization authorized, the laboratory presents clinical studies proving its efficacy and safety. Basically, after a new medication is created, only the laboratory that launched it has the right to market it^(10,23).

At the end of this time, other laboratories may use the same active ingredient and



reproduce the original medication. These copies are generic and similar medications, with a better cost-benefit ratio, considering that the laboratories did not use time and financial resources in the development of a new drug⁽²⁴⁾.

The generic medication is characterized by being similar to an original product, which is proposed to be interchangeable⁽²⁵⁾. In addition, it is only produced after the expiration or waiver of patent protection or other exclusive rights of the reference medication. To this end, it is necessary to prove its effectiveness, safety, quality, and designated by the Brazilian Common Denomination – BCD. This is possible if there is a good system of pharmaceutical vigilance and a strict registration scheme^(16,26).

Some time ago, generic and similar medications had to undergo pharmaceutical equivalence testing. However, only generic medications had to undergo bioequivalence testing. Currently, in Brazil, both medications must undergo the same tests to prove that they are faithful copies of the reference medication. Furthermore, people have also been seeking to understand more about medication classes, as well as their particularities⁽²³⁾.

Regardless of what the source of information is, users are increasingly becoming informed and aware of what the generic medication is, what its benefits and safety are. However, despite the degree of knowledge of users regarding the differences between generic, reference and similar medications has expanded, as pointed out by a study where almost half of

the interviewees did not know how to differentiate the medication classes, nor the aspects involving their replacement and the analogy with the reference medications⁽²⁷⁾. Considering the existence of false concepts about these medications, the following excerpts corroborate this assertion:

The difference between the generic medication and the reference medication is that the former has less vitamin than the other, for me it has less effect. (I1)

I think the difference between the generic medication and the reference medication is that the reference medication is better, it gives more result. (I6)

It is possible to notice that there is still a certain disbelief in generic medications, and that some users do not have a regular knowledge of their identification and differentiation. However, it is known that there is already confidence in the results and satisfaction in relation to the cost, conditioning the preference for them⁽²⁸⁾.

There is still a long way to go for generic medications to be widely known, and among the main measures to improve this reality, it is worth mentioning intensification actions, educational campaigns, promotion of access to medications through medical prescriptions and the encouragement of conscious consumption and credibility. Thus, the generic medications policy is expected to achieve its objective of guaranteeing the entire population full access to means of health promotion and recovery, in addition to significantly improving the population's quality of life⁽¹²⁾.



5.6 Resistance in acceptance

Generic medications are reaching more and more prominence in the world market. Just analyze the sales growth that has been occurring in recent decades on all continents⁽²⁹⁾.

Thus, considering the target audience of this research, it is important to emphasize that based on the changes suffered throughout the aging process, it is necessary to use medications therapeutically. Even though they are prescribed by primary health care, generic medications are not commonly used by the older adults. Although the medication class has a better cost-benefit ratio, there is a negative view of these medications both by people with less purchasing power and also among the older adults, since a large part of this public presents chronic diseases and uses a large number of medications, directly impacting income. For this reason, it is essential that physicians prescribe generic medications, as they represent the best alternative for the older adults, since they work exactly the same as the "original product" and offer the lowest price and the same quality⁽¹⁶⁾.

As explained, there is resistance on the part of physicians in the acceptance and indication of generic medications, which contributes to the older adults also having a negative view, as can be seen in the statements below:

I do not use generic medications, because my physician does not work with this type of medication. For all patients the physician only recommends the original medication, he never explained the

reason to me, whenever I go to buy it I ask for the original. (I5)

If the physician recommends it, I have no difficulty or resistance in accepting generics, but he does not recommend it. (I8)

In contrast to some statements of the older adults in this research, studies reveal that generic medications have increasingly been well accepted, so that the preference for these medications occurs, above all, due to the economy they offer⁽¹²⁾. Over time, it is expected that there will be less and less prejudice and more prescriptions for this type of medication. In addition, in places in Brazil where the studied population is considered needy, the generic medication is still not well liked. This aspect can be justified by the lack of information. Unlike the aforementioned statements, the older adults I4 and I10 bring opinions that refer to a good acceptance of generic medications:

I have no difficulty or resistance in accepting the use of generic medications, most of which I use are generic medications. (I4)

For me everything is the same, I have no difficulty or resistance in accepting the use of generic medications, I ask for the generic medication because it is cheaper and has the same effect. (I10)

Therefore, it is evident that although generic medications are considered an affordable alternative, especially for the older adults, there is still resistance from medical professionals that ends up reflecting acceptance among this target audience. Thus, the preference of the population for generic medications is related to price and



not to quality and safety, that is, the preference for the generic medication is still lower than the reference⁽³⁰⁾.

In addition, it is extremely important for users to know the generic medication well, providing greater autonomy and safety in the choice. In addition, it should be noted that not only the low-income population benefits, since different populations and groups choose generic medications. Thus, it can be said that it is necessary to deconstruct this disbelief in generic medications so that, in this way, they have a greater space in the market⁽¹²⁾.

Nursing plays a key role in promoting adherence to the use of generic medications. Given that they can provide clear and accurate information on generics, including concepts of therapeutic equivalence, safety and efficacy compared to brand-name medications. They address common concerns and myths associated with generics, ensuring that patients have adequate knowledge. In addition, nurses encourage open communication between patients and physicians, allowing them to report problems related to drug therapy and ask questions about prescribed generics. This effective communication contributes to resolving concerns, improving treatment adherence, and achieving better health outcomes⁽³¹⁾.

FINAL CONSIDERATIONS

With the present study, it was possible to conclude that there was a significant increase in the knowledge, acceptance and use of generic

medications over the years. This achievement is due to advertising actions that stimulate the dissemination of knowledge about such products, whether in health facilities, through prescribers, or even through government programs. In addition, there is still a significant portion of the population, especially the older adults, who do not know or do not use generic medications, possibly because they do not understand that they are reliable and interchangeable and that they undergo tests in order to ensure their effectiveness, safety and quality and receive approval from ANVISA.

As for the limitations of the research, it is worth mentioning its cross-sectional design and because the research was carried out in the homes of the older adults, the interviews only took place in the presence of the community health agent, who was not always available, making it difficult to carry out the collection. In addition, a shortage of current publications on the subject to be discussed was identified, since there are studies involving generic medications, but most of these are not recent.

Thus, it is important that new studies be developed in order to discuss the acceptance of generic medications from the point of view of the older adults, so that there is greater incentive and sharing of information regarding the proven equivalent efficacy of generic and reference medications.



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