



## THE USE OF PSYCHOTROPIC DRUGS IN PRIMARY HEALTH CARE

### *Uso de psicofármacos na atenção primária à saúde*

### *Uso de psicofármacos en la atención primaria de salud*

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#### ABSTRACT

**Objective:** To characterize the population covered by the Family Health Strategy in Primary Health Care who is using psychotropic drugs. **Methods:** Cross-sectional study of 203 psychotropic drugs users in a Primary Health Care center in 2017 in Caicó, Rio Grande do Norte, Brazil. Sociodemographic data and information on the use of psychotropic drugs were collected using a questionnaire that was later analyzed using IBM SPSS Statistics version 20.0. **Results:** The mean number of psychotropic drugs prescribed was  $1.52 \pm 0.746$  and the mean duration of use was  $6.52 \pm 7.350$  years. There was a predominance of women ( $n=163$ ; 80.3%), married individuals or individuals in a common-law marriage ( $n=90$ ; 44.3%) individuals with low levels of education ( $n=99$ ; 48.8%). Most participants reported having their own house ( $n=132$ ; 65%), being Black/Pardo ( $n=118$ ; 58.1%), being a homemaker ( $n=58$ ; 28.6%) and having an individual income of up to one minimum wage ( $n=101$ ; 49.8%). Additionally, 35.5% ( $n=72$ ) presented with systemic arterial hypertension as the main chronic disease. There was a predominance of use of anxiolytics (34%), of access characterized by the purchase of the drug (62%), and of the psychiatrist as the main prescriber of psychotropic drugs (49%). **Conclusion:** The use of psychotropic drugs in the health care center was more prevalent in Black and/or Pardo women with low levels of income and education who work at home and who have chronic diseases. Anxiolytics are among the most commonly used drugs and the psychiatrist is the primary prescriber. There are difficulties in accessing and discontinuing the use of these drugs.

**Descriptors:** Primary Health Care; Psychotropic Drugs; Drug Utilization.

#### RESUMO

**Objetivo:** Caracterizar a população em uso de psicofármacos da Estratégia Saúde da Família na Atenção Primária à Saúde. **Métodos:** Pesquisa transversal realizada com 203 usuários de psicofármacos em uma Unidade Básica de Saúde em Caicó, Rio Grande do Norte, Brasil, em 2017. Coletaram-se dados sociodemográficos e sobre o uso do(s) psicofármaco(s) através de um questionário, posteriormente analisados por meio do IBM SPSS Statistics, versão 20.0. **Resultados:** Encontrou-se média de psicofármacos prescritos de  $1,52 \pm 0,746$ , tempo médio de uso de  $6,52 \pm 7,350$  anos, prevalência do sexo feminino ( $n=163$ ; 80,3%), casados ou em união estável ( $n=90$ ; 44,3%) e com baixa escolaridade ( $n=99$ ; 48,8%). A maior proporção relatou ter moradia própria ( $n=132$ ; 65%), ser de cor negra/parda ( $n=118$ ; 58,1%), trabalhador do lar ( $n=58$ ; 28,6%) e com renda individual de até um salário mínimo ( $n=101$ ; 49,8%). Além disso, 35,5% ( $n=72$ ) viviam com hipertensão arterial sistêmica como principal doença crônica. Houve prevalência da classe dos ansiolíticos (34%), do acesso caracterizado pela compra do medicamento (62%), e do psiquiatra como o principal prescritor das drogas psicotrópicas (49%). **Conclusão:** O uso de psicofármacos no serviço de saúde foi prevalente em mulheres pretas e/ou pardas, com baixa renda e escolaridade, que desempenham atividades laborais em casa, e com adoecimento crônico. Os ansiolíticos estão entre as drogas de maior consumo e o psiquiatra é o principal prescritor. Há dificuldades no acesso e na descontinuação desses medicamentos.

**Descritores:** Atenção Primária à Saúde; Psicotrópicos; Uso de Medicamentos.



## RESUMEN

**Objetivo:** Caracterizar la población de la Estrategia Salud de la Familia en la Atención Primaria de Salud que consume psicofármacos. **Métodos:** Investigación transversal realizada con 203 usuarios de psicofármacos de una Unidad Básica de Salud de Caicó, Rio Grande do Norte, Brasil, en 2017. Se recogieron datos sociodemográficos y del uso de psicofármaco(s) a través de una encuesta y los mismos han sido analizados con el uso del IBM SPSS Statistics versión 20.0. **Resultados:** Se ha encontrado una media de psicofármacos prescritos de  $1,52 \pm 0,74$ , tiempo medio de uso de  $6,52 \pm 7,35$  años, la prevalencia para el sexo femenino ( $n=163$ ; 80,3%), casados o en unión estable ( $n=90$ ; 44,3%) y con baja escolaridad ( $n=99$ ; 48,8%). La mayor proporción ha relatado tener vivienda propia ( $n=132$ ; 65%), ser de color negro/pardo ( $n=118$ ; 58,1%), ser trabajador del hogar ( $n=58$ ; 28,6%) y con renta individual de hasta un sueldo mínimo ( $n=101$ ; 49,8%). Además, el 35,5% ( $n=72$ ) tenían hipertensión arterial sistémica como la principal enfermedad crónica. Hubo prevalencia de la clase de los ansiolíticos (34%), del acceso caracterizado por la compra de la medicación (62%) y del psiquiatra como el que más prescribe las drogas psicotrópicas (49%). **Conclusión:** El uso de los psicofármacos en el servicio de salud ha sido prevalente en mujeres negras y/o pardas, de baja renta y escolaridad que tienen actividades laborales en sus casas y padecen de enfermedad crónica. Los ansiolíticos están entre las drogas de mayor consumo y el psiquiatra es lo que más les prescribe. Hay dificultades para el acceso y la discontinuidad de esos medicamentos.

**Descriptor:** Atención Primaria de Salud; Psicotrópicos; Utilización de Medicamentos.

## INTRODUCTION

The Brazilian Psychiatric Reform (BPR) emerged in the 1970s as a movement of struggles and proposals for changes in psychiatric care, as opposed to the asylum and hospital-centered care model that was provided to people with mental disorders. The reform offered alternative services and new looks at and models of mental health care<sup>(1)</sup>.

Primary Health Care (PHC) plays an important role in the proposal of community care formulated by the BPR and integrates the set of activities and services of the Psychosocial Care Network (*Rede de Atenção Psicossocial – RAPS*). The Family Health Strategy (*Estratégia Saúde da Família – ESF*) within Primary Health Care Centers (*Unidades Básicas de Saúde – UBSs*) guarantees the provision of care to all the people served by the centers through user embracement, bonding and health care responsibility and is in charge of patients' multidisciplinary follow-up<sup>(2)</sup>.

The ESF is a suitable field for mental health practices as it offers family-centered care on the basis of care comprehensiveness, universality and equity<sup>(3)</sup>. Mental health actions should be included in PHC by taking into consideration networks of care, territoriality and transversality, among other policies, in addition to being based on the principles of the Unified Health System (*Sistema Único de Saúde – SUS*) and the BPR<sup>(4)</sup>.

The BPR guides the care for people with mental disorders in a comprehensive and person-centered way. Despite that, the number of people who use psychotropic drugs in communities and their prescription in PHC have been increasing in recent years. The strong influence of the biomedical model of care, the incessant search for care, the high number of people seeking drugs that can alleviate suffering, and the lack of listening/embracement contribute to the increasing social medicalization in the mental health field<sup>(5,6)</sup>.

A cross-sectional study carried out in a city in the state of São Paulo showed a high rate of use of psychoactive drugs among PHC users (25.8%), thus revealing higher rates compared to those previously found in the country, where prevalence rates ranged 9-13%. There was an association between the use of psychoactive drugs and age over 60 years ( $p<0.001$ ), primary education ( $p<0.001$ ) and presence of clinical pathology, the latter being a strong predictor of the use of these drugs, with an odds ratio of 5.4<sup>(7)</sup>.

Medicalization in mental health is a socially constructed practice based on meanings attributed by users, family members and health professionals. Increased prescription and potential abuse of these drugs, with dubious indications and for periods that may extend indefinitely, as well as the consequences of the costs involved, are relevant problems in mental health due to the risks that such drugs cause in the short and long term<sup>(6,8)</sup>.

Psychotropic drugs are drugs prescribed to people with mental and psychic disorders, or to those with other types of problems that affect the functioning of the brain. These drugs act directly in the central nervous system (CNS), producing changes in thinking, emotion, perception and behavior, and may lead to dependence in some cases<sup>(6)</sup>.

In this regard, previous studies<sup>(9,10)</sup> support the present research as it is necessary to strengthen health promotion actions to foster the responsible use of psychotropic drugs in mental health care in PHC. This type of research is intended to develop practices of (self)management of care and recording of the follow-up of complex cases, in addition to the use of care practices, thus broadening professionals' view of the abusive use of psychotropic drugs

in the ESF. Researching the profile of psychotropic drugs use in PHC can be a tool for the planning of mental health intervention strategies<sup>(11)</sup> and may help promote the rational use of these drugs.

Given that, this study aimed to characterize the population covered by the Family Health Strategy in Primary Health Care who is using psychotropic drugs.

## METHODS

This cross-sectional study was carried out in a Primary Health Care Center (*Unidade Básica de Saúde – UBS*) of the Family Health Strategy (*Estratégia Saúde da Família – ESF*) in the city of Caicó, Rio Grande do Norte, Brazil, with the covered population who used psychotropic drugs. The center has two ESF teams (I and II) which are linked to the National Register of Health Care Facilities (*Cadastro Nacional de Estabelecimentos de Saúde – CNES*). Each team covers eight micro areas. The center receives residents of the Multiprofessional Primary Health Care Residency Program of the Multicampi School of Medical Sciences of the Federal University of Rio Grande do Norte (*Escola Multicampi de Ciências Médicas da Universidade Federal do Rio Grande do Norte – EMCM/UFRN*)<sup>(12)</sup>.

The study population consisted of all the patients served by center who used psychotropic drugs during the period of data collection, which took place between July and October 2017 according to the following inclusion criteria: individuals aged 18 years old and older living in the area covered by the center and using some psychotropic drug for at least one month. Exclusion criteria were: people who presented communication problems that could affect their participation during data collection.

According to teams' notes and medical records, the population served consisted of 380 individuals: 206 people served by ESF I and 174 served by ESF II. Thus, the study sample consisted of 203 participants who were intentionally selected in a non-probabilistic and convenient way.

A total of 177 participants were lost for the following reasons: 27 did not agree to participate in the study, 30 were not at home and 78 users did not participate because of the inclusion/exclusion criteria. The remaining 42 did not participate in the study due to work leaves by some community health workers (CHW) and successive strikes by municipal civil servants during the data collection period. These factors made it difficult for the participants to participate in the research.

A questionnaire with closed-ended questions was developed by the researchers based on an extensive literature review. The questionnaire was divided into two parts: the first part addressed sociodemographic information: area and micro area, age, sex, marital status, number of people living in the same house, education, profession/occupation, individual income, source of income, housing, race/skin color, religion, and chronic diseases. The second part addressed information on the use of the psychotropic drug(s): drug class, number of prescribed psychotropic drugs, duration of use, access to the drug, existence of prescription, prescriber, use guidelines, drug sharing, non-prescription use, reported adverse reaction, medical reassessment, desire to stop using the drug, attempts to stop using the drug, and use of other psychoactive substances.

The participants were recruited through home visits on an agreed day and time. They were asked to give their written informed consent after researchers guaranteed their autonomy, secrecy, anonymity and free participation. The community health workers (CHW) assisted in the provision of lists with eligible participants and participated in the home visits. The data were collected in a private place without the presence of the CHW.

The data were analyzed using IBM SPSS Statistics version 20.0. Descriptive statistics (absolute distribution and percentage) and measures of central tendency (mean) were used and the data were presented in graphs and tables.

The research obeyed the ethical precepts of Resolution 466/12 of the National Health Council and was approved by the Research Ethics Committee of the Faculty of Health Sciences of Trairi of the Federal University of Rio Grande do Norte (*Faculdade de Ciências da Saúde do Trairi, da Universidade Federal do Rio Grande do Norte – FACISA/UFRN*) under Approval No. 2.142.647.

## RESULTS

There was a higher number of users of psychotropic drugs in the Family Health Strategy (ESF) II (56.2%; n=144). The mean age of the patients was  $57.42 \pm 15.325$  years, with a minimum age of 19 years and a maximum age of 93 years. The mean number of prescribed psychotropic drugs was  $1.52 \pm 0.746$ . The mean duration of use (in years) of the drug (s) was  $6.52 \pm 7.350$ .

The sociodemographic data are shown in Table I. There was a predominance of women (n=163; 80.3%), married individuals or individuals in a common law marriage (n=90; 44.3%) and individuals with low levels of education, particularly incomplete primary education (n=99; 48.8%). The majority reported owning their house (n=132; 65%) and being Black/Pardo (n=118; 58.1%) and Catholic (n=165; 81.3%).

Table I - Absolute and percentage distribution of users of psychotropic drugs by sex, marital status, education, housing, race/skin color and religious belief. Caicó, Rio Grande do Norte, 2017.

Variables	n	%
<b>Sex</b>		
Women	163	80.3
Men	40	19.7
<b>Marital Status</b>		
Married/common-law marriage	90	44.3
Single	60	29.6
Widowed	29	14.3
Separated/divorced	24	11.8
<b>Education</b>		
Incomplete primary education	99	48.8
Complete secondary education	42	20.7
Incomplete secondary education	18	8.9
Higher education	16	7.9
Illiterate	14	6.9
Complete primary education	12	5.9
Postgraduate education	2	0.9
<b>Housing</b>		
Own house	132	65.0
Rented house	47	23.2
Borrowed house	24	11.8
<b>Race/Skin color</b>		
Black/pardo	118	58.1
White	85	41.9
<b>Religious belief</b>		
Catholic	165	81.3
Protestant	23	11.3
Atheist/Agnostic	14	6.9
Spiritist	1	0.5

n: Absolute frequency; %: Relative frequency. N=203

Table II depicts socioeconomic, family and health data. Most of the respondents were homemakers (n=58; 28.6%) and had an individual income of up to one minimum wage (n=101; 49.8%). Retirement was the main source of income (n=100; 49.4%). The participants reported living with spouses and children (n=58; 28.6%) and systemic arterial hypertension was the main chronic disease (n=72; 35.5%).

Table II - Absolute and percentage distribution of users of psychotropic drugs by profession, individual income, source of income, house sharing and underlying chronic disease. Caicó, Rio Grande do Norte, 2017.

Variables	n	%
<b>Profession</b>		
Homemaker	58	28.6
Housekeeper	39	19.2
Teacher	19	9.4
Artisan	13	6.4
Tailor/Tailoress	11	5.4
Salesperson	9	4.4
Businessperson	8	3.9
Other	46	22.7
<b>Individual income</b>		
One minimum wage	101	49.8
Less than one minimum wage	38	18.7
Up to two minimum wages	26	12.8
Up to five minimum wages	9	4.4
None	29	14.3
<b>Source of income</b>		
Retirement/pension	100	49.4
Social benefits	24	11.8
Informal work	35	17.2
Formal work	15	7.4
Not informed	29	14.2
<b>House sharing</b>		
Spouse and children	58	28.6
Children	36	17.7
Spouse	31	15.3
Parents	26	12.8
Alone	19	9.4
Other family members/caregivers	33	16.2
<b>Underlying chronic disease</b>		
None	70	34.5
Systemic arterial hypertension	72	35.5
Hypertension and diabetes	19	9.4
Diabetes mellitus	11	5.4
Other	31	15.2

n: Absolute frequency; %: Relative frequency. N=203

Regarding the characteristics related to the drug class and access to and medical prescription of the drug used, as shown in Figure 1, there was predominance of anxiolytics (34%) and access through the purchase of the drug (62%). The majority reported having a prescription for the prescribed drug (96%).

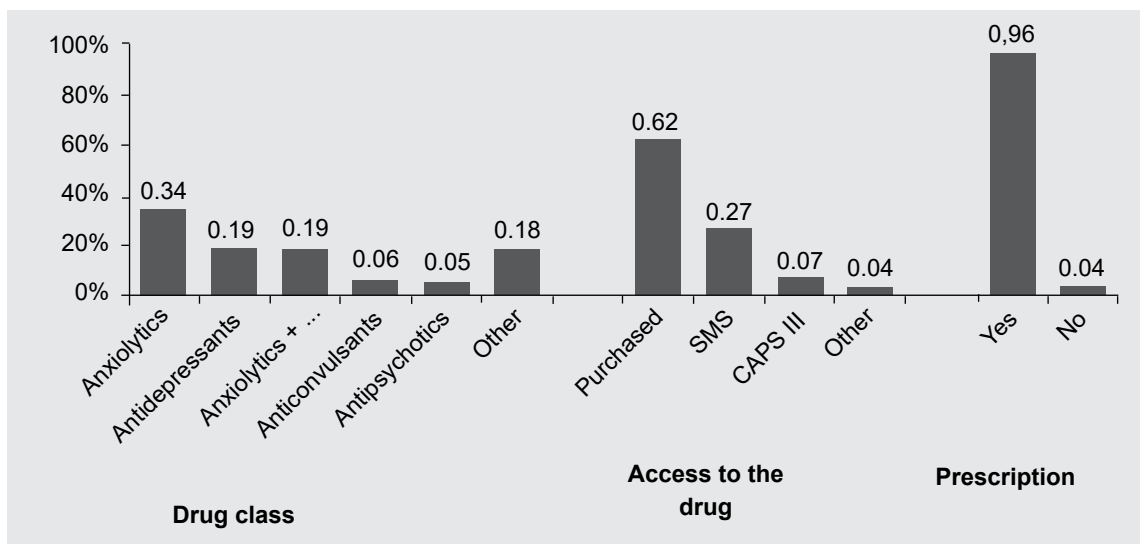


Figure 1 - Percentage distribution of users of psychotropic drugs by drug class, access to the drug and prescription. Caicó, Rio Grande do Norte, 2017. n=203.

As for clinical variables – prescriber, guidelines, drug sharing and non-prescription – shown in Figure 2, the psychiatrist was the main prescriber of psychotropic drugs (49%) and the medical professional was the responsible for providing guidelines on the use of the drug (81%). In addition, the respondents did not share the drug (s) with relatives and/or friends (90.1%) and did not use the drug without a prescription (98%).

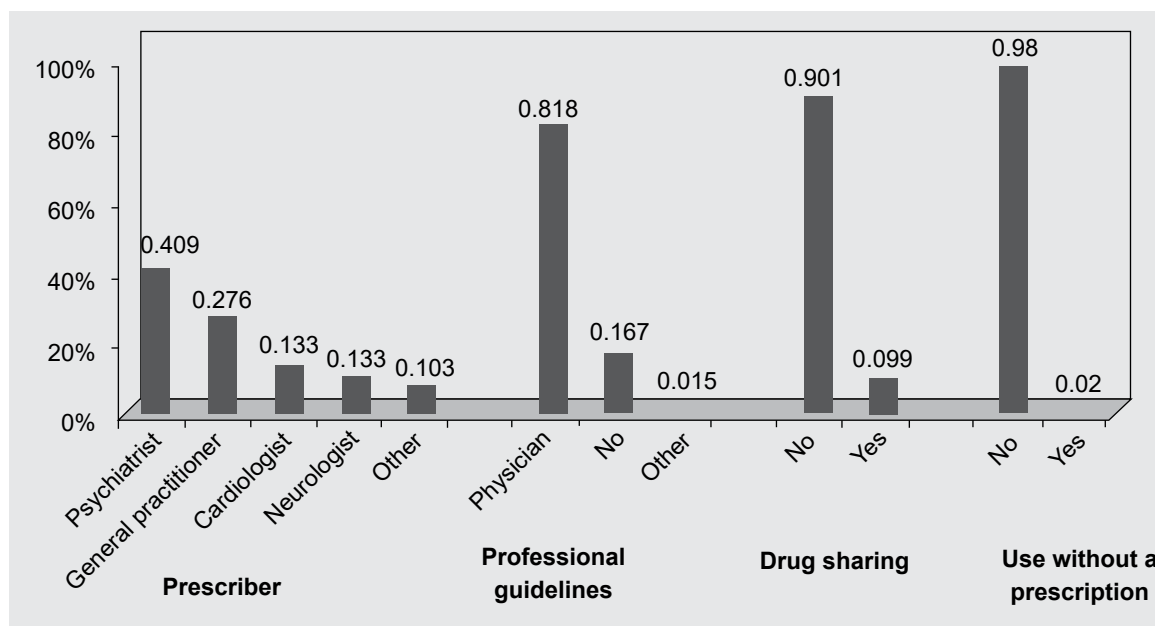


Figure 2 - Percentage distribution of users of psychotropic drugs by prescriber, provision of professional guidelines on the psychotropic drug, drug sharing and use of psychotropic drug without prescription. Caicó, Rio Grande do Norte, 2017. n=203.

Table III shows the variables related to the reported adverse reaction, medical reassessment, desire to stop using psychotropic drugs and attempt to stop using psychotropic drugs and use of other psychoactive substances. There was a lack of adverse reactions (n=144; 70.9%), the medical reassessment was performed less than six months ago (n=124; 61.1%), and they reported desire to stop using psychotropic drugs and non-use of another psychoactive substance (n=163; 80.3%). With regard to the attempt to stop using psychotropic drugs, there was practically no difference between the responses, i.e., 52.2% (106) of the participants never attempted to stop and 48.8% (97) had already tried to stop using the drug (s).

Table III - Absolute and percentage distribution of users of psychotropic drugs by reported adverse reaction, medical reassessment, desire to stop using the psychotropic drug, attempt to stop using the psychotropic drug and use of other psychoactive substances. Caicó, Rio Grande do Norte, 2017.

Variables	n	%
<b>Reported adverse reaction</b>		
None	144	70.9
Drowsiness	19	9.4
Dry mouth	17	8.4
Weight gain	9	4.4
Dizziness	8	3.9
Other	6	3.0
<b>Medical reassessment &gt; 6 months</b>		
No	124	61.1
Yes, 1-5 years	60	29.6
Yes, 6-10 years	14	6.9
Yes, 11-15 years	3	1.5
Yes, 16-20 years	2	0.9
<b>Desire to stop using the drug</b>		
Yes	125	61.6
No	78	38.4
<b>Attempt to stop using the drug</b>		
No	106	52.2
Yes	97	47.8
<b>Use of other psychoactive substances</b>		
No	163	80.3
Tobacco	25	12.3
Alcohol	11	5.4
Alcohol and tobacco	4	2.0

n: Absolute frequency; %: Relative frequency. N=203

## DISCUSSION

The present study aimed to characterize the population covered by the Family Health Strategy within Primary Health Care who uses psychotropic drugs. Psychotropic drugs are important resources in the care of psychic suffering; however, the ESF should lead patients and their families to reflect on the rational use of psychotropic drugs by fostering care management and developing clinical protocols and policies for the safe use and distribution of psychotropic drugs, thus improving both mental health care and pharmaceutical and public health care in primary health care<sup>(5,13)</sup>.

In the present study, the mean age of the patients was 57.42 years, with a greater proportion of middle-aged people and older adults. This finding is supported by other studies: a study conducted at a UBS in Porto Alegre, Rio Grande do Sul, presented a mean age of 53.14 years among users of psychotropic drugs<sup>(5)</sup>. Another study carried out with benzodiazepine users in the municipality of Tubarão, Santa Catarina, found a mean of 60.16 years<sup>(14)</sup>.

The reasons for the use and, not exceptionally, the abuse of psychotropic drugs are the medicalization of daily life and the banalization of prescription. For example, a study conducted with older adults in Belo Horizonte, Minas Gerais, revealed that women (odds ratio=1.97; 95%CI 1.22-3.17), five or more medical visits in the last 12 months (odds ratio=2.14; 95%CI 1.29-3.57) and having a health insurance (odds ratio=2.53, 95%CI 1.65-3.89) are associated with the use of psychotropic drugs<sup>(15)</sup>.

As a consequence of the use/abuse of these drugs, which is often irrational or does not take into consideration drug interactions, a prospective population-based study of middle-aged adults and older adults revealed that polydrug use combined with use of antidepressants was associated with a greater number of falls (adjusted relative risk of

1.60, 95%CI 1.19-2.15). In addition, the use of benzodiazepines alone was associated with an increase in the number of falls (adjusted relative risk of 1.32, 95%CI 1.05-1.65)<sup>(16)</sup>.

In the present study, there was a predominance of women (80.3%) and married individuals or individuals in a common-law marriage (44.3%). These findings are similar to those reported in other two studies. The first study was carried out in Diamantina, Minas Gerais, and found an increased use among women (93.7%) and married individuals (76.5%)<sup>(7)</sup>. In the second study, which was carried out in a municipality in the countryside of São Paulo, most of the participants were women (84.9%) and married or lived in a common-law marriage (59.3%)<sup>(17)</sup>.

The high rate of women using psychotropic drugs may be related to the concern that women have with their health, thus generating a greater demand for health services. Additionally, women are able to describe their problems more easily than men, thus increasing the probability of prescription of psychotropic drugs<sup>(11)</sup>.

In the present study, the rate of incomplete primary education (48.8%) was similar to that of another study in which 69.41% of benzodiazepine users did not complete primary education<sup>(18)</sup>. This finding is also similar to that of a study carried out in the metropolitan region of Belo Horizonte, Minas Gerais, in which 41.4% of the participants had less than 4 years of study<sup>(15)</sup>. A previous study associated the education of the interviewees with the use of psychotropic drugs ( $p < 0.001$ ), with an odds ratio (OR) of 1.7 for low levels of education<sup>(19)</sup>.

Regarding race/skin color, 58.1% of the participants were self-declared Black/ Pardo in our research. A population-based study with users of benzodiazepine anxiolytics revealed a different outcome: 48.4% of the participants were self-declared White<sup>(18)</sup>.

With regard to religious belief, most of the participants in the present study reported being Catholic (81.3%), a finding that was also reported in another study in which 54.9% of the respondents reported being Catholic<sup>(7)</sup>.

As for profession/occupation, the present study revealed that 28.8% of the respondents performed household chores, unlike another study carried out with benzodiazepine users in Recife, Pernambuco, in which 58.3% of the participants reported performing household chores<sup>(20)</sup>.

Most of the interviewees in the present study reported having some chronic disease (65.5%), mainly systemic arterial hypertension (SAH) (35.5%). This finding is similar to the findings of other studies carried out in two municipalities in the countryside of São Paulo, in which SAH was the most common chronic disease in 31.4% and 28.5% of the participants<sup>(7,21)</sup>.

Given the high rate of psychotropic drugs users with some chronic disease, there is a chance that these users may also use other drugs and take more tablets in a day, which increases the risk of drug interactions and adverse effects<sup>(7,21)</sup>.

In the present study a mean of 1.52 psychotropic drugs were prescribed to the users. This finding is similar to those reported in other two studies carried out in different UBSs in Porto Alegre, Rio Grande do Sul, where the mean numbers of prescribed psychotropic drugs were 1.58 and 1.66, respectively<sup>(5,13)</sup>.

The mean duration of drug use was 6.52 years, thus demonstrating a probable chronic use of these drugs by the participants of the present research. Psychotropic drugs can cause addiction, tolerance and withdrawal when used for long periods of time. Anxiolytics, for example, should be used for a short time – about 4 to 6 weeks. In cases of anxiety and phobias, when a longer treatment is necessary, other drugs with anxiolytic and antidepressant properties should be used<sup>(22)</sup>.

With regard to drug class, anxiolytics (33.5%) were the main psychotropic drugs used by the study participants. The same was reported in a study carried out in the municipality of Cajazeiras, Paraíba, in which 44% of the participants used anxiolytics. However, these results differ from the findings reported in the majority of national studies that assessed the use of psychotropic drugs in PHC and that found that antidepressants were the most used drugs. In the municipalities of Porto Alegre, Rio Grande do Sul (63.2%), Ribeirão Preto, São Paulo (45.5%) and Água Doce, Santa Catarina (47.16%), the most used psychotropic drugs were antidepressants<sup>(5, 21,24)</sup>.

The distribution of the main psychotropic drugs is performed by the Municipal Management Office through the Central Pharmacy, which is located in the Health Secretariat, and by the CAPS III Pharmacy. However, the majority of the interviewees in the present research reported buying their drugs (62.1%). A study carried out with older adults served by Brazil's Popular Pharmacy Program (*Programa Farmácia Popular do Brasil – PFPB*) revealed that only 41.2% of the older adults over 80 years old used the program to get their drug(s), and the absence of a prescription and the lack of drugs were among the main reasons for the access to drugs in the Regular Pharmacy<sup>(25)</sup>.

The municipal management office should be responsible for pharmaceutical care in the SUS in order to guarantee users' access to the drug(s), thus making pharmaceutical care an effective and institutionalized health action. This strategy would favor the reduction of unnecessary drug costs and improve population's adherence to treatment<sup>(25)</sup>.



As for the prescriber of the psychotropic drug, the psychiatrist (40.9%) was the one responsible for the first prescription of the drug in the present study. In contrast, another study found that the general practitioner (56.7%) was the main prescriber<sup>(14)</sup>.

The medical professional appears as the person responsible for most of the guidelines on the use of psychotropic drugs. The importance of the performance of other team professionals should be emphasized. During the nursing consultation, nurses can provide users with guidelines on the potential increase of adverse effects that can occur due to the combined use of psychotropic drugs and other drug classes, thus emphasizing the prevention of abuse, promoting rational use, and minimizing potential consequences<sup>(7)</sup>.

In view of the findings, the incorporation of thematic therapeutic groups, continuing education of health professionals, matrix support for complex cases in mental health services, and home visits to get information on users in the routine practice in UBSs can foster strategies to promote the responsible use of psychotropic drugs<sup>(26,27)</sup>.

As for sharing the drug with family members and/or friends, 90.1% of the study participants said that they did not share it and the majority said that they did not use the drug without a prescription (98%). The findings of a study carried out in a municipality in the state of Sergipe differ from our findings. The study found that 97.30% of the participants practiced self-medication and about 70% reported no difficulty in getting the drug(s). In addition, self-medication was mainly achieved with the use of old prescription, counseling with the pharmacy clerk, and the help of family members/friends<sup>(28)</sup>.

With regard to adverse effects, 70.9% of the interviewees of the present study reported no adverse reactions. A study carried out in a municipality of Rondônia presented similar results, i.e., 97.4% of the participants reported not having presented any adverse reaction. This finding may be related to the memory of period when the adverse reaction occurred as the description of an adverse reaction is related to the moment of the occurrence. If this period exceeds 14 days, the individual may not remember it during an interview<sup>(5,29)</sup>.

Only 29.1% of the participants in the present study reported adverse reactions to the psychotropic drugs. Adverse reactions reported were: drowsiness (9.4%), dry mouth (8.4%), weight gain (4.4%) and dizziness (3.9%). Previous studies have found similar and other adverse reactions. In one of the studies, the participants reported drowsiness (21%), headache (8%), dizziness (4%) and nausea (3%)<sup>(23)</sup>. The other study found episodes of somnolence (42.85%), nausea (28.57%), headache and memory loss (both in 14.28% of the participants)<sup>(29)</sup>.

Although undesirable, adverse reactions have been frequently reported in national and international studies and have been associated with harmful effects. In a North American study, for example, prolonged use of benzodiazepines has been associated with sedation, amnesia, cognitive deterioration, ataxia, and greater number of falls<sup>(16)</sup>.

With regard to the medical reassessment, most of the participants (61.1%) reported they had been reassessed less than six months ago, which is a positive result. Despite that, 38.9% of the participants used the drug without having undergone medical reassessment, thus suggesting that they attend the UBS only for prescription refill and/or are self-administering the drugs, which generates social medicalization processes. The medicalization of the subjects is an imprisoning and iatrogenic practice that is often driven by the professionals themselves who think such practice is a useful and convenient process and allege unpreparedness and limited training for the care of these users. Another important factor for medicalization is the maintenance of the prescriptions given in other health services such as the CAPS, i.e., the drug therapy remains unchanged<sup>(30)</sup>.

As for the use of another psychoactive substance, there was a greater proportion of users (80.3%) who said they did not use other substances in the present study. A population-based study of benzodiazepine users revealed that 14.7% of the respondents were smokers and 26.5% of them drank alcohol more than once a month. In addition, the participants blamed smoking for sleep disorders and used psychotropic drugs to sleep<sup>(19)</sup>. Another study found that 94% of the interviewees refused to drink alcohol because of the fear of confirming alcohol use and/or because of their potential knowledge about the dangers of the interaction between the drug and alcohol<sup>(23)</sup>.

Regarding the cessation of the use of psychotropic drugs, 61.6% of the interviewees reported having the desire to stop using the drug, but only 47.8% had attempted to stop. A study of benzodiazepine users revealed that 30% of users already attempted to stop using the drug without success because of the appearance of symptoms such as nervousness, insomnia, agitation, among others<sup>(31)</sup>.

As the current Brazil's mental health policy presents PHC as the gateway to care and the coordinator of the care of people experiencing psychological distress, the results found in the present study reveal the need to reformulate the strategies recommended by these policies. In the context of the population groups who are at increased risk and/or vulnerability to the (ab)use of psychotropic drugs, guidelines should be reformulated so that they address the influence of gender, old age and low levels of education and income on the irrational use of psychotropic drugs<sup>(21,23,26)</sup>.

## CONCLUSION

The use of psychotropic drugs in the Health Care Facility where this study took place is prevalent in Black and/or *Pardo* women and in individuals with low levels of income and education, those who work at home, and those who present chronic diseases. Anxiolytics are among the most commonly used drugs and the psychiatrist is the primary prescriber. There are difficulties in accessing and stopping the use of these drugs and there is not an expressive number of participants who use psychotropic drugs in combination with other psychoactive substances.

## CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

## CONTRIBUTIONS

**José Sandro de Araújo Medeiros Filho** and **Dulcian Medeiros de Azevedo** contributed to the design of the study, analysis and interpretation of data, and final draft of the manuscript. **Tiago Rocha Pinto** and **Glauber Weder dos Santos Silva** contributed to the analysis and interpretation of data and final draft of the manuscript.

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