

DOI: <https://doi.org/10.36489/saudecoletiva.2021v11i62p5202-5211>

# Factors involved in the practice of automatic renewal of medical prescriptions in the context of primary care

Factores que intervienen en la práctica de la renovación automática de prescripciones médicas en el contexto de la atención primaria

Fatores envolvidos na prática de renovação automática de receitas médicas no contexto da atenção básica

## ABSTRACT

**Objective:** To characterize the main factors involved in the practice of automatic renewal of medical prescriptions in family health units in the context of primary care. **Methods:** This is a narrative bibliographic review, using a bibliographic survey carried out by consulting databases such as Google Scholar, PubMed and SciELO "Misuse of Medicines", "Inappropriate Prescription", "Primary Health Care", "Special Control Medical Prescriptions" and "Prescription Drugs", using "AND" as a Boolean operator. Opinions of the Regional Councils of Medicine were also consulted, as well as the legislation in force around medical prescription and prescription renewal. **Conclusion:** With this, it is observed that the practice of automatic renewal of medical prescriptions must be combated. This can provide important side effects, worse control of comorbidities and a false sense of care, in addition to numerous ethical and legal implications.

**DESCRIPTORS:** Misuse of Medicines; Inadequate prescription; Primary Health Care; Special Control Medical Prescriptions; Prescription Drugs.

## RESUMEN

**Objetivo:** Caracterizar los principales factores que intervienen en la práctica de la renovación automática de prescripciones médicas en las unidades de salud de la familia en el contexto de la atención primaria. **Métodos:** Se trata de una revisión bibliográfica narrativa, mediante un relevamiento bibliográfico realizado mediante consulta de bases de datos como Google Scholar, PubMed y SciELO "Mal uso de medicamentos", "Prescripción inadecuada", "Atención primaria de salud", "Recetas médicas de control especial" y "Medicamentos recetados", utilizando "Y" como operador booleano. También se consultaron las opiniones de los Consejos Regionales de Medicina, así como la legislación vigente en materia de prescripción médica y renovación de prescripciones. **Conclusión:** Con esto, se observa que se debe combatir la práctica de renovación automática de prescripciones médicas. Esto puede proporcionar importantes efectos secundarios, un peor control de las comorbilidades y una falsa sensación de cuidado, además de numerosas implicaciones éticas y legales.

**DESCRIPTORES:** Uso indebido de medicamentos; Prescripción inadecuada; Primeros auxilios; Recetas médicas de control especial; Medicamentos con receta.

## RESUMO

**Objetivo:** Caracterizar os principais fatores envolvidos na prática de renovação automática de receitas médicas nas unidades de saúde da família no contexto da atenção básica. **Métodos:** Trata-se de uma revisão bibliográfica narrativa, utilizando-se de levantamento bibliográfico realizado através de consulta de bancos de dados como Google Scholar, PubMed e SciELO, com a estratégia: "Uso Indevido de Medicamentos", "Prescrição Inadequada", "Atenção Primária à Saúde", "Receitas Médicas de Controle Especial" e "Medicamentos sob Prescrição", utilizando-se "AND" como operador booleano. Também foram consultados pareceres dos Conselhos Regionais de Medicina, bem como a legislação vigente em torno da prescrição médica e renovação de receitas. **Conclusão:** Com isso, observa-se que a prática de renovação automática de receitas médicas deve ser combatida. Isto pode proporcionar efeitos colaterais importantes, pior controle das comorbidades e falsa sensação de cuidado, além de inúmeras implicações ético-legais.

**DESCRIPTORIOS:** Uso Indevido de Medicamentos; Prescrição Inadequada; Atenção Primária à Saúde; Receitas Médicas de Controle Especial; Medicamentos sob Prescrição.

RECEIVED ON: 12/09/2020 APPROVED ON: 12/21/2020

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## INTRODUCTION

In modern treatments, especially in the context of demographic and epidemiological changes, the correct use of medicines is essential. At the beginning of the 20th century, the transition from acute to chronic diseases and the aging of the population were also related to the increase in the use of medicines, mainly the continuous use of medicines.<sup>1</sup> However, the same person is increasingly using several medications, which leads to an increase in the incidence of drug interactions and increases the risk of misuse.<sup>5</sup> This context usually generates a demand for recipes in the basic network, which is not always able to organize itself properly to correctly re-evaluate prescriptions, sometimes multiple, provided to commonly elderly users and those with comorbidities.<sup>7</sup>

In health facilities, prescription updates are often performed without clinical evaluation.<sup>3</sup> The existence of updated routines inserted in the daily routine of primary care services makes it possible to question the benefits of this practice for people in the current model.<sup>1</sup> The simple repetition of the prescriptions does not meet the main objective of the update: to verify the correct use of the medication, to evaluate the effect of the treatment and the dependence on the

medication, the side effects are considerable, the risk for the patient and the adherence to the treatment are minimal. As in primary care, this renewal behavior not only has a logistical impact on the work process, but also on the patient's own health.<sup>2,10</sup>

Even in older health systems and/or with more resources, much is discussed about the role of different members of the health team in updating prescriptions and their results in comprehensive patient care.<sup>4</sup> However, this subject is rarely discussed in Brazil, and the authors found that there is no research on this subject in Brazilian journals.<sup>6,11</sup> Thus, there is little attention paid to this issue, perhaps justified by a cultural phenomenon that trivializes the use of medicines and neglects their risks.

Medicines combined with social factors (such as nutrition, housing and other factors) are very important in changing health indicators, as they are related to an individual's quality of life. It is essential to ensure continuity in the treatment of chronic diseases, but it is also essential to regularly reassess the clinical picture, especially in prolonged drug treatment.<sup>8</sup>

## GOAL

This study seeks to characterize the

main factors involved in the practice of automatic renewal of medical prescriptions in the context of primary care.

## METHODS

This is a review of the literature, of a narrative type. Narrative reviews can take into account the theoretical field of knowledge production, describe and discuss the objects of research. Thus, when explaining and critically analyzing the author personally, the scientific literature is analyzed. What are the ethical, legal and social aspects related to automatic revenue renewal? What are the implications of automatic prescription renewal for the clinical follow-up of these patients? These were the theoretical milestones of this study.

The textual material used was selected by means of parameterized searches, being chosen based on free books such as ScientificElectronicLibraryOnline (SciELO), Latin American and Caribbean Literature in Health Sciences (Lilacs) and Google Scholar. The data collection period took place between November and December 2020. Descriptors were applied in health sciences (DeCS) "Uso Indevido de Medicamentos", "Prescrição Inadequada", "Atenção Primária à Saúde", "Receitas Médicas de Controle Especial" and "Medicamentos

sob Prescrição” using “AND” as a Boolean operator.

The eligibility of the materials was provided by means of inclusion criteria: complete texts of the type articles, without time frame and Portuguese language; and exclusion criteria: duplicate studies and studies that did not address thematic. The selection of applications using the eligibility criteria and, sequentially, reading titles, summaries, when eligible, full reading of the articles. The analysis and interpretation of the selected articles took place by summarizing the findings and using the thematic categorization technique, enabling the presentation of results.

## RESULTS

41 articles were found from the database searches. After reading the summary titles, 15 items remained, according to the results flowchart, represented in Figure 1 and Results table. Subsequently, after a study with no specific relationship with the theme was located, however, from the analysis of the gray literature, four articles were included in this review.

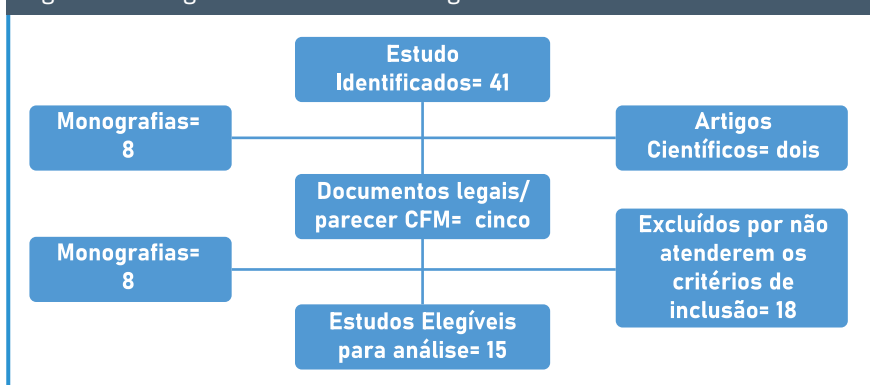
In the analysis of the articles selected for the review, the scant quantity of articles constructed in Brazil on the subject over the decade was highlighted. This demonstrates that

the topic of automatic prescription renewal related to ethical-legal issues in health services, as well as their impact on care, needs a broad and deep discussion in the national academic environment.

We highlight the remarkable presence in the socio-cultural aspects related to the subject and the work process to which the health service is included, which often influence the practice of automatic recipe renewal. The subject still generates doubts and unknowns among doctors, who often seek their class advice to resolve doubts about the ethical-professional posture on the agenda.

In the articles and gray literature, overloading workload, cultural habit, lack of understanding and knowledge of the team about the need for periodic reassessment, convenience for service users, were the main factors involved in the practice of automatic recipe renewal low flexibility in the schedule of appointments, areas of the health system with low coverage of basic services, absence of a flow chart for the care of patients with chronic diseases, in addition to activities for health education on the subject.

Figura 1: Fluxograma de busca dos artigos



Fonte: Dados da pesquisa, 2020.

Quadro de resultados

ANO	TÍTULO DO ARTIGO	PERIÓDICO
2006	Orientação aos médicos quanto à prescrição de medicamentos de uso contínuo	Conselho Federal de Medicina- Brasília
2008	Receitas Controladas	Conselho Federal de Medicina- Paraná
2012	Atenção Primária à Saúde: uma receita para todas as estações?	Saúde em Debate
2014	Uso racional de medicamentos	Trabalho de conclusão de Curso de Especialização em Tecnologia Industrial Farmacêutica
2014	Abordagem Sobre a Renovação Automática de Receitas na Equipe de Saúde da Família Morumbi I em Uberlândia MG	Trabalho de Conclusão de Curso apresentado ao Curso de Especialização em Atenção Básica em Saúde da Família
2016	Elaboração e implantação de protocolos de renovação de receitas de psicotrópicos do município de Poços de Caldas – Minas Gerais	Trabalho de Conclusão de Curso de Especialização Estratégia da Saúde da Família
2017	Uso de Benzodiazepínicos e Renovação de receitas	Conselho Federal de Medicina- Minas Gerais
2018	Abordagem sobre renovação automática de receitas para medicamentos de uso contínuo em pacientes da Equipe de Saúde da Família Irineu Kienen, no município de Indaial, Santa Catarina	Trabalho de conclusão do Curso de Especialização Multiprofissional na Atenção Básica
2018	Prescrição de Medicamentos de Uso Contínuo	Conselho Federal de Medicina - Paraná

2018	Repetição de receitas de psicofármacos e controladas	Conselho Federal de Medicina- Brasília
2018	Refil de prescrição na atenção primária à saúde: uma análise crítica.	Revista Médica de Minas Gerais
2018	Psicotrópicos e Ansiolíticos na Estratégia Saúde da Família (ESF) Vila Nova	Trabalho de Conclusão do Curso de Especialização Multi-profissional na Atenção Básica
2018	Abordagem sobre renovação automática de receitas para medicamentos de uso contínuo em pacientes da Equipe de Saúde da Família Irineu Kienen, no município de Indaial, Santa Catarina	Trabalho de Conclusão do Curso de Especialização Multi-profissional na Atenção Básica
2019	Projeto de Intervenção para Trabalhar com os Usuários a não Renovação Automática de Receitas pela Equipe de Saúde da Família Orlando Gangini em Planura- Minas Gerais	Trabalho de Conclusão de Curso apresentado ao Curso de Especialização Gestão do Cuidado em Saúde da Família
2019	Abuso de Medicamentos Psiquiátricos: Plano de Ação na Equipe de Saúde da Família Sevilha BII, Ribeirão das Neves, Minas Gerais	Trabalho de Conclusão de Curso apresentado ao Curso de Especialização em estratégia em Saúde da Família

Fonte: Dados da Pesquisa, 2020.

## DISCUSSION

### Operational view of medical prescription

There are numerous sociocultural factors associated with the renewal of medical prescriptions that are in line with the regulations of the Federal Council of Medicine (CFM) and consequently good professional practice, through the rights and duties of medical ethics. Renewal of medical prescriptions for patients with chronic diseases depends on close quality care and constant therapeutic review. However, there is a cycle of renewal of previous prescriptions, even without medical consultations, the purpose of which would be to reassess and verify whether the indication remains valid. The practice of new prescription of medicines without due care and medical attention is called Automatic Renewal of Medical Prescriptions.<sup>4;9;10</sup>

Although many patients may have stability in the continuous treatment of their comorbidities, the lack of periodic reassessment is inadequate and antagonistic to good medical practice. The use of continuous therapy must be closely monitored by the medical professional, and the response offered by the medication, whether ineffective or not, the risk of side effects and drug interactions, facilitated by the non-monitoring of these patients, in addition to result in less therapeutic adherence, as each meeting

with a health professional is an opportunity to clarify the underlying condition and doubts about morbidity and prognosis. The absence of this care is harmful to the patient.<sup>5;6;8</sup>

Due to the public system having a disproportionate workload to the contingent of medical professionals in the public health system, in addition to working from quantitative and non-qualitative terms, the work of these professionals becomes concerned with volume, often with coverage of extensive communities, with diverse social, cultural, financial and biological problems. Thus, there is a pent-up demand, due to numerous factors, in which the number of consultations is greater than the labor supplied. As a result, there is a struggle for consultation forms and a relaxation regarding the prescribing behavior of those patients who have a chronic comorbidity.<sup>12;15</sup>

It is also important to highlight the operational and legal view of medical prescriptions. It was also verified that the filling and the medical prescription itself obey the health rules that guide the validity of the recipes of 30 days from the day of filling them (Anvisa Ordinance No. 6/1999, in its article 85, paragraph 1, point "A"), placing a time limit on revenue.<sup>1;2;4;9</sup>

As for the quantity, it varies according to the type of prescription required. Those drugs subject to control by a common carbonated prescription (C1 - other substances subject to special control)

have their prescriptions valid for 30 days from the date of filling and maximum amount for 60 days of treatment; likewise those of group "B" (B1, B2 - psychotropic and anorexigenic), valid for 30 days and maximum amount for 60 days of treatment (article 42 and paragraphs 44 to 49, and paragraphs of Portaria Anvisa nº 344/1998).<sup>1;9</sup>

The medical prescription must always be preceded by a clinical evaluation, and for good medical practice, one should not prescribe any type of medication without seeing the patient. What should be done for patients with diseases that require continuous use of psychiatric drugs of any nature is the prescription for a maximum of 90 days, with controlled release every 30 days, leaving patients under the obligation to return for a new consultation and a new prescription every three months, the absence of a flow chart for the care of patients with chronic diseases leads to this non-compliance.<sup>1;3;4</sup>

The lack of flexibility in the opening hours of the basic health unit, makes it difficult for the salaried class to present themselves at the established times, which only increases this outcome. However, many patients do not visit the unit properly due to the custom and convenience of having the prescription renewed automatically in the past.<sup>7;8;11</sup>

The prescriptions for 30 or 60 days, as recommended by Portaria Anvisa nº 344/1998, will continue to be valid, sin-

ce the reconsultations of control depend on many variables and have a prognostic character, and it should be at the physician's discretion to establish the return time. When you choose 90 days, it must be recorded in the "VALID FOR 90 DAYS" recipe, making the same entry in the medical record.<sup>1,4,9</sup>

The lack of knowledge of the team and doctors of the need for periodic reassessment, together with the lack of activities for health education on the subject, causes the situation to be neglected and practices like these to be continued,

which brings ethical and social consequences, in addition to possible irreversible damage to the patient.<sup>2,3,10,14.</sup>

## CONCLUSION

Thus, it is observed that the practice of automatic renewal of medical prescriptions must be combated, as it is associated with the absence of periodic and scheduled reevaluation of patients. This can provide important side effects, worse control of comorbidities and a false sense of care, in addition to numerous

ethical and legal implications. The medical prescription is part of the medical act and there is no medical act without consultation and this must be reinforced daily. The propagating factors of this cycle were identified as the patient's behavior, cultural habits, pressure on the team and the work process of the health institution. Only with continued education and awareness of the problem situation will it be possible to combat the automatic renewal of prescriptions and offer a new perspective with safety and quality health to patients. ■

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