Profile of psychotropics use in a pharmacy of a basic health unit

Perfil de utilização de psicotrópicos em uma farmácia de uma unidade básica de saúde
Perfil de uso de psicotropicos en una farmacia de una unidad básica de salud

RESUMO
OBJETIVOS: Analisar o perfil das prescrições de controle especial, aviadas por uma farmácia de uma Unidade Básica de Saúde do Distrito Federal, caracterizando ainda os usuarios que fazem uso desses medicamentos. MÉTODOS: Trata-se de um estudo analítico observacional de corte transversal, realizado durantes os meses de fevereiro e março de 2021 em uma UBS do DF. Durante dois meses, as prescrições de controle especial aviadas na farmácia da unidade foram analisadas e diversos dados foram coletados. RESULTADOS: A maioria das prescrições se originam em serviços públicos de saúde, o medicamento mais fornecido foi a Fluoxetina, e a grande maioria dos usuarios foram mulheres, entre 30 e 50 anos. CONCLUSÃO: É importante que a equipe multiprofissional seja capacitada através da educação continuada, para realizar uma correta orientação ao paciente. E para maior aprofundamento das questões levantadas, ainda se faz necessária a análise de mais dados sociodemográficos dos usuários.
DESCRITORES: Atenção Primária à Saúde; Psicotrópicos; Saúde Mental.

ABSTRACT
Objectives: To describe morbimortality trend due to labor accidents in the civil construction sector, in the state of Paraiba, 2009 OBJECTIVES: To analyze the profile of prescriptions for special control, filled by a pharmacy in a Basic Health Unit in the Federal District, also characterizing the users who use these medications. METHODS: This is an analytical observational cross-sectional study, carried out during the months of February and March 2021 in a UBS in the DF. For two months, special control prescriptions filled in the unit's pharmacy were analyzed and various data were collected. RESULTS: Most prescriptions originate in public health services, the most commonly provided medication was Fluoxetine, and the vast majority of users were women, aged between 30 and 50 years. CONCLUSION: It is important that the multidisciplinary team is trained through continuing education, to carry out a correct orientation to the patient. And for greater depth of the issues raised, it is still necessary to analyze more sociodemographic data of users.
DESCRIPTORS: Primary Health Care; Psychotropic Drugs; Health Mental.

RESUMEN
OBJETIVOS: Analizar el perfil de prescripciones para control especial, atendidas por una farmacia en una Unidad Básica de Salud del Distrito Federal, caracterizando también a los usuarios que utilizan estos medicamentos. MÉTODOS: Se trata de un estudio transversal observacional analítico, realizado durante los meses de febrero y marzo de 2021 en una UBS del DF. Durante dos meses, se analizaron las prescripciones de control especiales surtidas en la farmacia de la unidad y se recopilaron diversos datos. RESULTADOS: La mayoría de las recetas se originan en los servicios de salud pública, el medicamento más comúnmente proporcionado fue la fluoxetina y la gran mayoría de los usuarios fueron mujeres, con edades entre 30 y 50 años. CONCLUSIÓN: Es importante que el equipo multidisciplinario esté capacitado a través de la educación continua, para llevar a cabo una correcta orientación al paciente. Y para profundizar en las cuestiones planteadas, sigue siendo necesario analizar más datos sociodemográficos de los usuarios.
DESCRIPTORES: Atención Primaria de Salud; Psicotrópicos; Salud Mental.

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INTRODUCTION

Psychotropic drugs are drugs used to treat mental disorders. They are defined as substances that act on the central nervous system, causing changes in behavior, mood and cognition, in addition to causing chemical and psychological dependence. They include anxiolytic drugs, antidepressants, sedatives, hypnotics, antipsychotics and anticonvulsants. 1

There are records of growth in the use of these drugs in recent decades, impacting society and becoming an important public health issue. This increase has been attributed to the increased frequency of diagnoses of psychiatric disorders in the population, the introduction of new psychotropic drugs in the pharmaceutical market and the new therapeutic indications for already existing psychotropic drugs. 2

Mental health actions should be included in Primary Health Care (PHC) from the perspective of care networks, territoriality and transversality, among other policies, in addition to being based on the principles of the Unified Health System (SUS). 3 Regarding full access to treatment, the National Medicines Policy has as its main purpose to guarantee the necessary safety, efficacy and quality of medicines, the promotion of rational use and the population's access to those considered essential. 4

Access to those medicines considered essential is established through mechanisms that allow the continuous updating of the National List of Essential Medicines, an essential instrument of action of the SUS, as it includes a list of products necessary for the treatment and control of prevalent pathologies in the country. 4

Within the Federal District (DF), the current List of Essential Medicines – Primary Care (REME-AB) has a list of 32 medicines subject to special control prescriptions, of which 31 are psychotropic. Thus ensuring a wide scope for the treatment of mental health disorders. This article aims to analyze the profile of special control prescriptions dispensed by the pharmacy of a Basic Health Unit (UBS) in the Federal District, also characterizing the users who use these medications. 5

METHODS

This is an analytical observational cross-sectional study. It was carried out during the months of February and March 2021 at UBS 01 in Santa Maria, located in the Southern Health Region of DF. The study was approved by the Ethics and Research Committee of the Health Sciences Teaching and Research Foundation, CAAE nº 39809520.1.0000.5553, under opinion nº 4,450,930 on 12/09/2020.

During the two months, the special control prescriptions (Ordinance No. 344/98) filled in the unit's pharmacy were analyzed and various data were collected through an electronic form, including: prescribed drugs, origin of the prescription, level of health care, issuing federative unit, gender, age and place of residence of the patient. Prescriptions of Celecoxibe 200mg were excluded, as it was not a psychotropic drug, and those of Levomepromazine 40mg/mL, due to shortages for more than 50% of the time, during the period of data collection. The collected data were tabulated and analyzed using Microsoft Excel.

RESULTS

The time of data collection included the sum of 41 working days, with provision of

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Table 1. Origin of prescriptions. Brasília – DF, 2021.		
ORIGIN OF PRESCRIPTIONS	**FREQUENCY**	**RELATIVE VALUE (%)**
PUBLIC SERVICES	**1.779**	**91**
PRIVATE SERVICES	185	9
TOTAL	1.964	100
Source: The Author		

is still common practice among prescribers to insert special control medications and medications that can be prescribed in simple prescriptions in the same prescription. Of these 1.645 prescriptions, 35 of them contained other medications that did not need to be in special control prescriptions.

The most prevalent medications in C1 prescriptions were: Fluoxetine 20mg (603 prescriptions), followed by Amitriptyline 25mg (366 prescriptions), Carbamazepine

Table 2. Level of Attention to Health. Brasília – DF, 2021.				
HEALTH ATTENTION LEVEL			**FREQUENCY**	**RELATIVE VALUE (%)**
PRIMARY ATTENTION				
UBS 01 SM	OTHER UBS DF	UBS FROM OTHER STATE		
631	265	107	1.003	51
SECONDARY ATTENTION				
CAPS	PRIVATE CLINICS	OTHERS		
176	171	39	386	20
TERTIARY ATTENTION (HOSPITALS OF THE DF)			**575**	**29**
TOTAL			1.964	100
Source: The Author				

psychotropic drugs in all of them. 1.986 special control prescriptions were met. Following the exclusion criteria, only 1.964 were analyzed. The average number of recipes served per day was 48.

Of the 1,964 prescriptions, which correspond to 100% in this study: 1.645 (84%) were Type C1 Special Control Prescriptions and 319 (16%) were Type B Prescription Notifications. As shown in table 1, 91% of the prescriptions came from public services and 9% of the prescriptions came from private services.

As exemplified in table 2, 51% came from PHC services, 20% came from specialized services related to Secondary Health Care and 29% came from Hospitals, characterizing the level of Tertiary Health Care. Taking into account the levels of care: Of the prescriptions related to APS, 63% are from UBS 01 in Santa Maria, 26% are from other UBS in the DF and 11% come

from UBS in Other States. Of the 386 prescriptions originated at secondary levels of health care, 46% came from Psychosocial Care Centers (CAPS), 44% from Private Clinics and 10% from other services (Specialized Outpatient Clinics, Emergency Care Units or philanthropic services). All prescriptions referring to the tertiary level (575) came from Hospitals do DF.

For the analysis of the quantity of medications per prescription, notifications of prescription B were excluded, considering that, according to current legislation, the limit is 1 medication per prescription. Of the 1.645 C1 prescriptions met, 1,360 contained only 1 medication, 237 contained 2 medications, 45 contained 3 medications, and 3 contained 4 medications.

It is noteworthy that the Special Control Prescription C1, according to current legislation, accepts only 3 special control medications per prescription. However, it

200mg (188 prescriptions) and Valproic Acid 500mg (95 prescriptions). And the most prevalent in B1 prescription notifications was Clonazepam 2mg (197 prescriptions).

For the characterization of users, it was necessary to consider that a single patient may have more than one prescription or withdraw the medication at different times during the data collection period, for such analysis, duplicate identifications were excluded. Thus, the amount of 1.965 prescriptions concerns 1.421 patients. As shown in Graph 1, of the 1.421 (100%) patients seen, 931 (66%) are female and 490 (34%) are male.

Regarding age, the average age of users who use these medications was 47 years, with the youngest age found to be 1 year and the oldest patient found to be 99 years old. To eliminate the distortion caused by very young or very young ages, the median

value was also calculated, being the age of 49 years old.

As for the place of residence of the patients: 1.195 (84%) patients live in the administrative region of Santa Maria, 134 (10%) are residents of another state, 59 (4%) patients are residents of Gama (administrative region also belonging to the Southern Health Region of the DF), and 33 (2%) patients are residents of other Administrative Regions of the DF.

DISCUSSION

Special control medications are currently divided into several lists. In the REME-AB of the Federal District, there are only drugs in the list B1 and C1. Being mostly from list C1, containing only 3 drugs from list B1. This explains the greater amount of C1 special control recipes compared to B1 recipe notifications.

About 91% of the prescriptions received came from public health services, and only 9% from private services. Such discrepancy can be explained by the context of social vulnerability in which the region in which the UBS is located is inserted, since approximately 80,2% of the population in the region does not have health insurance, 6 demonstrating low purchasing power on the part of this population and greater difficulty in accessing private care. From this perspective, it is essential to strengthen the Health Care Networks in the region, ensuring comprehensive care.

As for the distribution by levels of care, it was possible to observe that most prescriptions come from UBS that make up the PHC. Thus, it is speculated that the PHC is fulfilling its space of managing people's care and strategic role in the care network, serving as a basis for its ordering and for the effectiveness of comprehensiveness, presenting high resoluteness with clinical and care, in addition to the incorporation of technologies, as recommended by the National Primary Care Policy. 7

The most prescribed drug was fluoxetine, a Selective Serotonin Reuptake Inhibitor (SSRI), in Brazil it is indicated for major depressive disorder, bulimia nervosa, obses-

Graph 1. Distribution of patients by sex. Brasilia – DF, 2021.
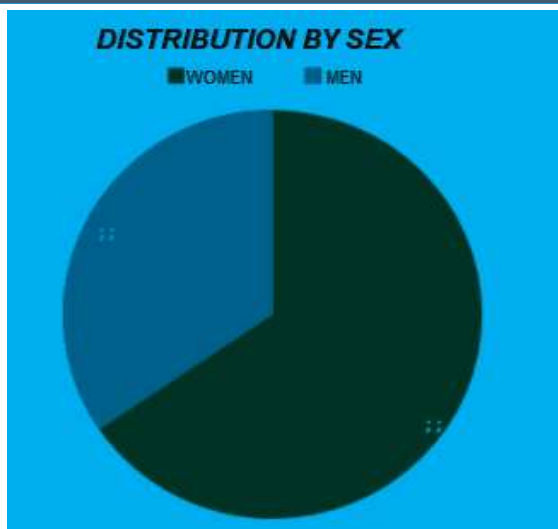
Source: The Author

sive-compulsive disorder and for premenstrual dysphoric disorder. 8 The preference for SSRIs is a worldwide consumption trend and is due to the good tolerability of these drugs and the growing discovery of new uses for them, in addition to the intense marketing of the pharmaceutical industry. 9 Fluoxetine is the only representative of the class listed in REME-DF.

When characterizing the patients who use the drugs, there is a predominance of females. It is suggested that the high prevalence of women is due to their greater concern with health, which leads them to seek health services more frequently, women describe their psychological problems more easily, and as a result, receive more prescriptions from psychotropic drugs.10 It is also worth mentioning the role imposed on women in today's society, where they are assigned, in addition to professional obligations, the role of main responsible for the home and children, generating overload and greater probability of mental illness. 11

When analyzing the age range of patients, there is a wide range, including ages in the range between 1 and 99 years. The standardization of several pharmaceutical forms (solutions, syrups, capsules, pills) allows both children and the elderly to use psychotropic drugs, however, greater care is needed in the prescription for these groups.

The extrapolation of drug doses in children can have serious consequences. While, for the elderly, evidence suggests that the decrease in metabolism and elimination of substances associated with aging may contribute to pharmacokinetic changes. The rational prescription of medications should consider the use of a dose capable of generating a pharmacological effect with minimal toxic effects. 12 The mean age of patients was 47 years, reinforcing the age pyramid of the region, which is mostly composed of adults aged 30 to 50 years. 6

The vast majority (84%) of patients who were withdrawn from psychotropic drugs are residents of the administrative region where the UBS is located, which demonstrates and qualifies the principles of territorialization and allocation of the clientele, recommended by the SUS. The second largest portion (10%) of patients live in another state, this factor is easily explained by the geographic location of the Santa Maria region, being very close to cities in the state of Goiás. Since 2018, all medical prescriptions, including those of drugs subject to special control, have national validity, a fact determined by Law 13.732. 13

CONCLUSION

From the analyzed data, it is demonstra-

ted the great demand of psychotropic drugs nowadays. Once this fact is verified, it is important that the multidisciplinary team is trained through continuing health education, to carry out a correct orientation to the patient, understanding the complexity of the treatment with these drugs. To further deepen the issues raised, it is still necessary to analyze more sociodemographic data of users, aiming to strengthen ties with the population served, aiming at greater resolution of PHC in mental health problems.

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