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Evaluation of the prevalence of elderly polypharmacy by the PET Health Program in the Family Health Strategy

Evaluación de la prevalencia de polifarmacia en ancianos por el Programa de Salud PET en Estrategia de Salud de la Familia

Avaliação da prevalência de idosos polifarmácia pelo Programa PET Saúde em Estratégia de Saúde da Família

ABSTRACT

Introduction: The increase in life expectancy over the years is accompanied by the presence of chronic non-communicable diseases and the use of associated medicine therapy is necessary, usually it is configuring the polypharmacy practice. **Methods:** A descriptive cross-sectional study was performed with the elderly belonging to a Family Health Strategy in the São Paulo interior, where sociodemographic information, education level, memory problems, medication use, and the most prevalent diseases were found. **Results:** Most of the elderly had comorbidities, moreover, in a small portion (0.8%) didn't use medication continuously, there was a predilection for the polypharmacy profile between 60 and 74 years old. **Conclusion:** The interprofessional approach can be an effective strategy aiming the rational use of medicines promotion, where the collaborative work of the health team can supply to patient specific and adequate exposure for their drug therapy, the treatment effectiveness and yours safety.

DESCRIPTORS: Interprofessional Education; Public Health; Elderly Health.

RESUMEN

El aumento de la esperanza de vida a lo largo de los años ha ido acompañado de la presencia de enfermedades crónicas no transmisibles y es necesario el uso de terapias farmacológicas asociadas, configurando generalmente la práctica de la polifarmacia. **Método:** Se realizó un estudio descriptivo transversal con ancianos pertenecientes a una Estrategia de Salud de la Familia en el interior de São Paulo, donde se verificó la información sociodemográfica, nivel educativo, problemas de memoria, uso de medicamentos, enfermedades más prevalentes. **Resultados:** La mayoría de los ancianos presentaba comorbilidades, además, una pequeña porción (0.8%) no usaba medicamentos de manera continua, existía predilección por el perfil de polifarmacia entre los 60 y 74 años. **Conclusión:** El abordaje interprofesional puede ser una estrategia eficaz orientada a promover el uso racional de los medicamentos, donde el trabajo colaborativo del equipo de salud puede brindar al paciente una orientación específica y adecuada para su farmacoterapia, para la efectividad del tratamiento y su seguridad.

DESCRIPTORES: Educación Interprofesional; Salud pública; Salud de los ancianos.

RESUMO

O aumento da expectativa de vida ao longo dos anos vem acompanhado da presença das doenças crônicas não transmissíveis e se faz necessário o uso de terapias medicamentosas associadas geralmente configurando a prática de polifarmácia. **Método:** Foi realizada um estudo transversal descritivo com os idosos pertencentes a uma Estratégia de Saúde da Família no interior de São Paulo onde verificou-se a informações sociodemográficas, grau de instrução, problemas de memória, uso de medicamentos, doenças mais prevalentes. **Resultados:** A maioria dos idosos possuíam comorbidades, além disso pequena parcela (0,8%) não usavam medicamentos continuamente, observou-se uma predileção ao perfil de polifarmácia entre os 60 e 74 anos. **Conclusão:** A abordagem interprofissional pode ser uma estratégia efetiva visando a promoção do uso racional de medicamentos, onde o trabalho colaborativo da equipe de saúde pode fornecer ao paciente orientações específicas e adequadas à sua terapia medicamentosa, para a efetividade do tratamento e sua segurança.

DESCRITORES: Educação Interprofissional; Saúde Pública; Saúde do Idoso.

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INTRODUCTION

The increase in life expectancy is one of the great achievements of the last decades, a fact related to the significant improvement in the

health conditions of the population worldwide. In Brazil, the expectation is growing, reaching 76,3 years in 2018, 30,8 years more than that observed in 1940. For female individuals, it is estimated that greater longevity: 7,9 years,

and 72, 8 years for males. This difference is more accentuated according to the age group and these data still vary according to country regions.¹

In 2017, the population of the Americas over 60 years of age was 14,6%, and in

Latin America this proportion is expected to approach 25% by 2050.

In Europe the aging of the population took approximately 65 years to occur, in Canada and the United States, approximately 75 years. In the Americas, these changes will occur in just 35 years, that is, half the time observed for adapting to changes compared to other regions of the world, since for many, aging is accompanied by chronic diseases and disabilities that, in many cases, affect people's ability to be self-reliant.²

In Brazil, 70% of the elderly have at least one chronic pathology, requiring regular pharmacological treatment to control these pathologies. According to Silva (2012)³ and Pereira (2017)⁴ chronic diseases related to age, such as dyslipidemia, hypertension and diabetes, generally require the use of multiple drugs, so that 56% of the elderly have prescriptions with more than four medications for continuous use. In the study by Rodrigues and Oliveira (2016) it is estimated that 40% of the elderly use 5 or more, and 12% use 10 or more different medications.⁵

Although there is no consensus in the literature regarding the amount of drugs needed to configure polypharmacy, in general, the use of 5 or more drugs at the same time is accepted. Bermudez (2010) in turn also lists the time of consumption of drugs for a period of 60 to 90 days, but points out that other authors consider periods greater than 15 days.⁶

Ramos et al (2016)⁷, in a study on the prevalence of polypharmacy identified that 91% of the elderly use some drug, and that 27% used five or more. The study by Silva et al (2018)⁸ observed that in addition to comorbidities, the number of doctors consulted, the absence of questions about the medications in use during medical consultation and self-medication are implicated in the genesis of polypharmacy.

In this sense, polypharmacy represents an excess cost for the Unified Health System (Sistema Único de Saúde - SUS) and a greater financial burden for the elderly. It can contribute to the use of inappropriate and non-essential drugs, creating a barrier

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to treatment adherence, as they make therapeutic regimens more complex, in addition to favoring drug interactions and adverse reactions. Efficient communication between these professionals and coordination between various prescribers is crucial for the success of the therapy, in addition, educational programs to improve the habit of rational prescription and patient education at discharge and follow-up are important strategies.⁵

In 2018, the project "COLLABORATIVE PRACTICE AND INTEGRAL ATTENTION IN LIFE CYCLES" developed by Universidade São Francisco in partnership with the Municipal Health Secretariat of Bragança Paulista was approved in the Interprofessional Education through Work for Health Program (Programa de Educação pelo Trabalho para a Saúde - PET-Saúde) is a strategy of the Ministry of Health and Education for the transformation of professional training in health, with greater integration between teaching, service and community, with a view to incorporating Interprofessional Education (Educação Interprofissional - EIP) into the curriculum of courses in the area of health and Collaborative Practice (Prática Colaborativa - PC) to health services.^{9,10}

Seen as an occasion when members of two or more professions learn together, interactively, the EIP aims to improve the quality of care for individuals, families and the community.¹¹ In this proposal, it is suggested that students learn interactively about the roles, knowledge and skills of other professionals, developing subsidies to strengthen teamwork, with a view to transforming health practices, challenging the usual training context to find new answers to new problems.¹²

Starting in April 2019, the Project was organized into four Tutorial Learning Groups (Grupos de Aprendizagem Tutoriais - GAT) and proposed to work in Primary Health Care (PHC), in different life cycles - child and adolescent, woman and pregnant woman, adult and elderly. In this context, GAT2, composed of 2 teachers, 2 preceptors (health professionals)

and 6 students from different professional areas, has been working with the elderly belonging to the Family Health Strategy (FHS) Vila Motta, with a view to the development of daily practices allow greater integration between education, service and community to overcome the fragmentation of health work and the training of health professionals.

This article aims to present the diagnosis made by the GAT2, within the scope of PET Health Interprofessionality with the elderly population belonging to the FHS Vila Mota in Bragança Paulista on the affection of diseases and the frequency of the use of medicines, classifying them as polypharmacy (when using 5 or more medications) also observing the autonomy of the elderly and problems related to general and mental health.

METHOD

It is a cross-sectional descriptive study, to outline an epidemiological profile of the population to be studied. The sample was determined by convenience and the project was submitted and approved by the ethics committee (CAAE 13440719.800005514). Data collection was performed using an online questionnaire (Google forms), based on the elderly's booklet, which addressed issues related to the socioeconomic and cultural profile, dependency and health and disease patterns of the elderly in the last year. Data collection took place between the months of June and July 2019, using as inclusion criteria the elderly who belong to the health unit and who when approached in the waiting room, during the dispensing of medications and during home visits consented to participate through the ICF, respecting the confidentiality of their identities.

RESULTS

The Vila Mota FHS presented the 817 elderly registered and of this total 127 elderly consented to participate in the research (15,5%). Of the total participants, most were female (68,5%). With

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regard to age groups, 63,8% were between 60 and 74 years old, between 75 and 84 years old, about 30,7% and with 85 years old or more they represented 5,5%. Regarding socioeconomic information, 85% say they receive retirement or some benefit and 91,3% say they are literate. 37% say they live alone and do not have a partner and 20,5% say they depend on a caregiver. Approximately 26,8% reported lack of memory and the prevalent diseases were Diabetes Mellitus (44,09%), Arterial Hypertension (66,14%) and Stroke

6,29%. Regarding mental health, 21,25% have depression and 2,36% dementia. Regarding the continuous use of medicines, only 0,8% deny the use, 19,7% say they use up to two different drugs, 37% up to five and 42,5% five or more. About 17,3% reported difficulty in taking the medications correctly.

DISCUSSION

The high percentage of elderly people in the age group from 60 to 74 years old may be related to greater independence, demand for health care and consequent greater use / prescription of medications, observing that polypharmacy is present in a large part of the group that refers the use of five or more continuous medications.

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Regarding the continuous use of medicines, only 0,8% deny the use, 19,7% say they use up to two different drugs, 37% up to five and 42,5% five or more. About 17,3% reported difficulty in taking the medications correctly. When considering sex, the prevalence of polypharmacy in women was observed.

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To Nascimento et al (2017)¹³ polypharmacy has occurred in clinical practice in a common and growing way, mainly in people over 65 years old. This growth is related to several factors, such as the increase in life expectancy and the consequent

increase in multimorbidity, the greater availability of drugs and guidelines that recommend the use of drug combinations for the management of various health conditions, such as Arterial Hypertension and Diabetes Mellitus.

The participation of an interdisciplinary team in assisting patients, as well as the training of the team in the indication and prescription of medications and the availability of appropriate medications for the elderly, can increase the quality of the service provided and reduce the occurrence of adverse factors, thus obtaining effective therapy and better quality of life for the elderly.¹⁴

This research provided the actors involved with students, preceptors, tutors and coordination of the PET-Saúde Interprofessionality Project, working on collabora-

tive skills in practice through experiencing the challenges that exist in health services, interprofessional view and the necessary skills for the development of health care actions. the demand of the studied population.¹⁵

CONCLUSION

The interprofessional approach can be an effective strategy aimed at promoting the rational use of medicines, where the collaborative work of the health team can provide the patient with specific and adequate guidance for their drug therapy, for the effectiveness of the treatment and its safety. The aging process creates challenges for the whole of society, and family health teams play a fundamental role due to their close relationship with patients, families

and the community, as well as with public health management

The association between the use of inappropriate drugs and variables such as socioeconomic status, visiting health services and using prescription drugs has several explanations. It may reflect the lack of knowledge of the medical professional in relation to the prescription of drugs not recommended for the elderly, as well as the prescription of drugs that are more available in public services, many of them considered inadequate.

For the intervention proposals to have the necessary impact among the elderly population, it is important to know the specifics of this population according to the territory where they live and thus be able to outline improvement strategies that can be used by the team. ■

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