

Use of benzodiazepines in Primary Health Care

Uso de benzodiazepínicos na Atenção Primária à Saúde (APS)

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ABSTRACT: According to the Brazilian Guideline on Psychiatry, roughly 50% of individuals who take benzodiazepines in a 1-year period are at risk of withdrawal syndrome, in addition to reduced capacity to work and greater expenses to the health care system. That said, the present study has been set to assess the prescription of these pharmaceuticals in the primary health service unit called “Alto da Riviera” in São Paulo, Brazil, with the purpose of raising the awareness about the abusive use of these drugs. The data were collected between 28th of March to 1st of April in 2022, including the following information: dosage form, month in which the medication was collected, patient identification (name and gender) and prescribed amount. After data analysis utilizing SWOT and Maguerez’s Arch, we were able to identify strengths and shortcomings regarding the health care system. The data compilation allowed us to realize that 64.9% of prescriptions were for clonazepam, being the dosage of 2 and 0,5 mg the most common. At this time, more than 30% of the patients had one or two prescription renewals. Therefore, it becomes clear the significance of the elaboration and the use of protocols and awareness programs for patients and prescriber, as well as present the hazards of the prescription drug abuse and its challenges in the primary health care settings.

Key-words: Benzodiazepines; Substance use disorder; Public health; Primary health care.

RESUMO: Segundo a Diretriz Brasileira de Psiquiatria, cerca de 50% dos indivíduos que recorrem aos benzodiazepínicos ao longo de 1 ano têm risco aumentado de síndrome de abstinência, além de redução da capacidade de trabalho e maior gasto do sistema de saúde. Visto isso, o presente trabalho propôs avaliar a prescrição desses fármacos na Unidade Básica de Saúde (UBS) Alto da Riviera em São Paulo, Brasil, com a finalidade de aumentar a conscientização do uso abusivo desses medicamentos. Os dados do estudo foram colhidos no período entre 28 de março e 1.º de abril de 2022, incluindo: apresentação medicamentosa, mês de retirada, identificação do paciente (nome e gênero) e quantidade prescrita. Ferramentas de análise SWOT e Arco de Maguerez foram utilizadas para melhor compreensão das informações adquiridas, apontando fraquezas e pontos positivos do Sistema Único de Saúde (SUS). Os dados compilados evidenciaram que 64,9% das prescrições efetuadas foram do fármaco clonazepam, sendo a dosagem de 2 e 0,5 mg as mais comuns. Nesse período, mais de 30% dos pacientes renovaram a prescrição ao menos uma vez. Dessa forma, mostra-se evidente a importância da elaboração de protocolos e programas de conscientização para pacientes e prescritores, além de alertar os perigos do uso e prescrição indiscriminada desses fármacos.

Descritores: Benzodiazepínicos; Uso abusivo de substâncias; Saúde pública; Atenção primária à saúde.

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INTRODUCTION

The benzodiazepines are among the medicines offered freely by *Sistema Único de Saúde* (SUS), and in this class clonazepam and diazepam stand out. The predominance of its use is higher in female groups, in older people and in those who have depression. The literature shows an important problematic: the duration of use of benzodiazepines for depressive disorders treatment (until two months when associated with antidepressant) and anxiety disorders (for up to three months) is often higher than recommended, with its chronic use being observed.

Roughly 50% of individuals who use benzodiazepines over one year has increased risk of withdrawal syndrome, accidents, overdose (especially when associated with other psychotropic drugs), suicide attempt, reduction in work capacity and greater costs with hospitalization, consultations, and exams.

The literature reveal distressing rates: only 1.9% of the prescriptions for adults and 5.8% for the elderly are adequate, which draws attention to errors related to the indication of these pharmaceuticals, in addition to lack of protocol for the age group and/or patient; risks of serious drug interactions; and problems related to the dose, frequency and, mainly, duration of treatment.

The data collection about the use of the medicine regards Primary Healthcare is crucial for the visualization of reality on SUS aiming at awareness of the teams involved in the management of benzodiazepines user patients, improving usage monitoring and elaboration of mechanisms to promote rational drug use.

MATERIALS AND METHOD

The data collection refers to use of benzodiazepines was done in primary health service unit called “Alto da Riviera” on the period between march 28, 2022 and april 1st, 2022, involved 96 patients who passed a medical consultation on a four months period (december 2021 to march 2022) and included drug presentation, month of drug withdrawal, patient identify (name and gender), prescribed amount of drug in the unit and number of prescription renewals. The data were analyzed using tools SWOT and Maguerez’s arch. The data found were correlated, through bibliography review, with more recent information about the subject.

RESULTS

The data compilation relative to the use of benzodiazepines in the primary health care allowed, specifically in a Basic Health Unit, showed that, among the 130 prescriptions made for 96 patients in the unit in the period of 4 months, 85 prescriptions made (64.9%)

were for the drug clonazepam, with the dosage of 2 and 0.5 mg being the most common. The consumption rate of benzodiazepines was higher on women, resulting in 99 prescriptions (75.6%). In addition to having more prescriptions than men, women tend to consume more pills during the month, information that is in agreement with the most recent literature. In the period of four months in which the data collection was made, 24.6% of patients (30 individuals) renewed the prescription at least one time, 24 of these were women.

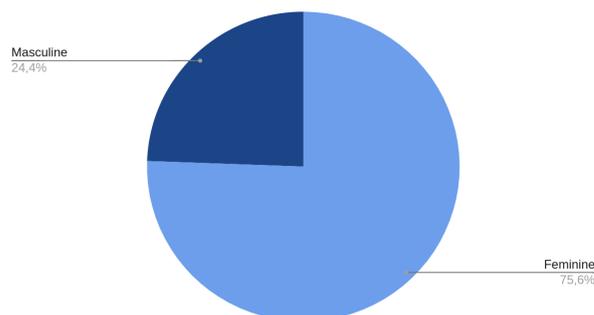


Figure 1: Benzodiazepine withdrawal by gender

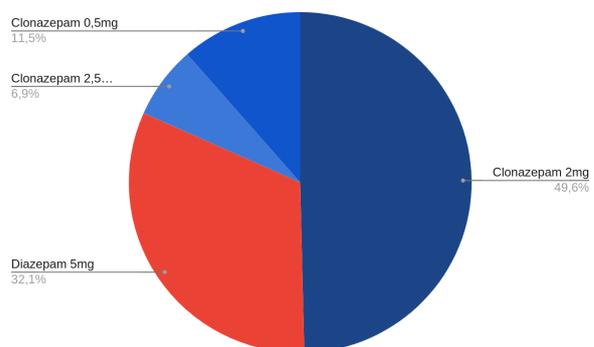


Figure 2: Types of benzodiazepines and withdrawal

DISCUSSION

The analysis of the data by the SWOT and Maguerez Arch tools shows that there is a situation-problem in health with regard to the use of benzodiazepines in Primary Care. The prescription and consumption of these drugs is high, with a major prevalence of females in both consumption and prescription renewal.

Through SWOT and Arco de Maguerez, the collected data were analyzed. The SWOT is a method which analyzes the cenarios seeking to identify the forces, weakness, opportunities and threats aiming at strategic planning for the problem resolution. The Maguerez Arch, on the other side, theorizes the identified conflicts,

the elaboration of hypotheses to solve the problem and its application in reality. The strengths and weaknesses regarding the way the SUS deals with the abusive use of benzodiazepines were recognized through these tools.

Among the strengths identified in the SWOT, the role of the multidisciplinary team in approaching the continuity of care stands out, in addition to the availability of psychological support within the Basic Health Units. There is also the presence of a support network, in which there are references with other levels of complexity, to which the patient can be forwarded. Given this fact, as possible opportunities in the analyzed scenario is the implementation of existing public policies such as the National Medicines Policy, in addition to the work of health bodies such as the National Committee for the Promotion of Rational Use of Medicines (CNPURM) and the Institute for Safe Practices in the Use of Medicines (ISMP Brasil), both working to identify the use of drugs and articulating strategies to promote the rationalization of their use.

Some external factors contribute to the persistence of the problem: the exchange of medications between patients, family groups in which all individuals use BZDs, low adherence to alternative treatments (psychotherapy, support groups, referral care) and the absence of a specialist in the ESF.

However, the excessive use of benzodiazepines is

reinforced by the lack of protocols in mental health that address its use in Primary Care, due to the low adherence of patients to psychotherapy and the culture of medicalization, which increases patients' resistance to reducing these drugs.

CONCLUSION

Given the information presented and the data collected, the relevance of this topic is evident. The insistent prevalence of abusive use of benzodiazepines in the Brazilian reality is a challenge for health professionals in the country. Tools such as awareness programs for health professionals and the population, creation of flowcharts for the use of benzodiazepines and strict pharmacovigilance goals are some of the measures that can help in control of the abusive use of these drugs.

It should be noted that despite the limitations inherent to the methodology of the work, the present study clearly illustrates how the misuse of certain drugs can harm the population that uses them, especially psychotropic drugs. Bringing light to the vulnerability that users of the Family Health Strategy are exposed and the needy demand for studies that aim to deepen the topic addressed. In summary, patient safety should be a priority in APS and both educational and pharmacovigilance measures should be encouraged.

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