



**KNOWLEDGE OF ELDERLY WOMEN ABOUT THE USE OF PSYCHOTROPICS**

*CONHECIMENTO DE IDOSAS SOBRE O USO DE PSICOTRÓPICOS*

*CONOCIMIENTO DE ANCIANOS ACERCA DEL USO DE PSICOTRÓPICOS*

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The process of aging can result in diseases and the need for psychotropic medication. This exploratory and descriptive research with qualitative approach aimed to describe the knowledge of the elderly women about the use of such medication. We interviewed 18 elderly subjects, from July to August 2009, registered in the Family Health Strategy that had been using benzodiazepine and / or antidepressants. The data were organized through Bardin's technique of content analysis. This research showed that the elderly knew the therapeutic indication of the psychotropic medication, how to distinguish the adverse reactions and reported addiction, mainly to benzodiazepine. We concluded that elderly people assisted by the Family Health Strategy acquired knowledge about psychotropic drugs in their everyday experience and that it is necessary to extend discussions on the topic, as well as the formulation of guidelines aimed at the use of psychotropic drugs by the elderly.

**Descriptors:** Nursing; Elderly; Medication.

Decorrentes do processo de envelhecimento podem surgir doenças e a necessidade do uso de medicações psicotrópicas. Esta pesquisa exploratória, descritiva, com abordagem qualitativa, objetivou descrever o conhecimento de idosas sobre o uso desses medicamentos. No período de julho a agosto de 2009 foram entrevistadas 18 idosas cadastradas na Estratégia Saúde da Família, que utilizavam benzodiazepínicos e/ou antidepressivos. Os dados foram organizados com base na técnica de análise de conteúdo de Bardin. Evidenciou-se que as idosas conhecem a indicação terapêutica dos medicamentos psicotrópicos, sabem distinguir as reações adversas e relatam a dependência química, notadamente de benzodiazepínicos. Concluiu-se que as idosas acompanhadas pela Estratégia Saúde da Família adquiriram o conhecimento sobre os medicamentos psicotrópicos na experiência cotidiana e que é necessário ampliar a discussão sobre o tema e estimular a formulação de diretrizes voltadas para o uso desses medicamentos pelos idosos.

**Descritores:** Enfermagem; Idoso; Medicamento.

Del proceso de envejecimiento pueden emergir enfermedades y necesidad de medicamentos psicotrópicos. Esta investigación exploratoria y descriptiva, con enfoque cualitativo, tuvo como objetivo describir el conocimiento de ancianos acerca del uso de medicamentos psicotrópicos. Se entrevistaron a 18 pacientes durante de julio a agosto de 2009, registrados en la Estrategia de Salud Familiar que utilizaban benzodiazepina y/o antidepressivos. Los datos fueron organizados basados en la técnica de análisis de contenido de Bardin. Los ancianos conocían la indicación terapéutica de los medicamentos psicotrópicos, distinguían las reacciones adversas y relataron la dependencia química, notablemente de benzodiazepina. Los ancianos asistidos por la Estrategia de Salud Familiar adquirieron conocimiento acerca de medicamentos psicotrópicos en su experiencia cotidiana y de que es necesario ampliar las discusiones sobre el tema y la formulación de directrices para el uso de drogas psicotrópicas por ancianos.

**Descritores:** Enfermería; Anciano; Medicamento.

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## INTRODUCTION

According to the Statute of the Elderly, all the person who are 60 years old <sup>(1)</sup> or more are considered elderly. In Brazil, every year, 650 thousand new elderly are incorporated in the population: from 3 million in 1960, this figure reached 20 million in 2008, representing an increase of almost 700% in less than 50 years <sup>(2)</sup>. In Piauí, there are 331,877 elderly, or 10.64% of the state population, being the majority of the female sex, with 178,484 women <sup>(3)</sup>.

The increase in the expectancy of life, shown in the last 60 years, is attributed to the decrease of fecundity and the technological advancement, such as: the use of vaccines, antibiotics and chemotherapeutic medicine, providing prevention and the healing of many diseases. So, the profile of morbidity and mortality was characterized by contagious infectious diseases, now substituted by non transmissible chronic diseases <sup>(4)</sup>.

In this aspect, the medication practice of the elderly includes several drugs, which range from antihypertensive drugs, diuretics, hypoglycemic agents and insulin to the ones which act in the central nervous system. Nowadays the stress and the anxiety are presented as situations that besides involving changes in the routine of the patients require the use of psychotropic medicine with a more strict control <sup>(5)</sup>. According to the first home survey on the use of psychotropic medicine in the 107 largest Brazilian cities, the habit of frequent and growing use was shown, the negative effects and the impacts caused to the health of these persons <sup>(6)</sup> were revealed.

Analyzing this survey, and after one of the authors started working as a nurse in the Family Health Strategy, we could observe that the use of psychotropic medicine by the elderly is common, especially the hypnotic-sedative medicine and the antidepressants, drugs which were sometimes used in an inappropriate and wrong way. From this presupposition, the question of the research was presented: what is the knowledge

the elderly have on the psychotropic medicine they use? Based on the question, the objective of this study was to describe the knowledge of the elderly on the use of psychotropic medicine.

The need to develop researches regarding this theme is characterized by gaps and incipencies in the scientific production in the area of nursing. Besides that, this study was unprecedented in Piauí, which does not mean that it is relevant only for the state scenario, but it matters for the whole Brazilian society once it brings about reflections, discussions and knowledge regarding a problem which occurs all over the country.

A study on the analysis of the theses and papers of nursing, involving the elderly in Brazil made in 2007, revealed that the researches have a broader approach on the subjects regarding diseases and care with the elderly, and that there is no production regarding the use of medicine by this group of people <sup>(7)</sup>.

So, the present study covers relevant aspects which make it possible to enhance and deepen the reflection regarding the assistance to the elderly who use psychotropic medicine. It can also be used for education, as a bibliographic source, providing data to related researches, once it is not a very well researched theme.

## METHOD

Exploratory - descriptive study with qualitative approach, made in July and August, 2009, in a health unit located in the southeastern district of Teresina – PI, Brazil. According to the survey made in the files of the Health Community Agents, there were 239 elderly registered and, according to data in the medical records, 55 of them use psychotropic drugs. 51 of these used anxiolytic and/or antidepressant medicine for at least one year.

The subjects of the study were the elderly registered in team 80 of the Family Health Strategy,

using sedative-hypnotics and/or antidepressants for at least one year and had conditions to participate in the interview. According to the criteria of insertion, the elderly suffering from dementia and having problem of speaking and diction could not participate.

18 elderly women participated in the research. It is necessary to highlight that the study covered only elderly women once the men who used psychotropic medicine were in hospital; the other registered elderly presented sequel from diseases which impaired the speech.

For the data collection a semi-structured interview was used whose script had two parts: the first one was regarding socio demographic data (age, marital status, schooling and family income), with whom they lived, psychotropic medicine they used, the place of storage, time of use, current prescribing physician, psychiatrist's support. The second part included questions directed to the knowledge on the use psychotropic medicine such as: What do you know about this medicine? What was it prescribed for? Do you feel any reaction when using the psychotropic drug? Could you do without using the psychotropic drug?

The interviews were made at the elderly women's homes, providing a safe, quiet, family environment and free of interruptions; the speeches were recorded in a MP10 *player*, with average length of 25 minutes, including the presentation of the team, reading and signing of the Informed Consent Form and the recording of the statements until satiation was reached.

Later on, the interviews were listened to and completely transcript, in order to allow a better comprehension of the core matter searched and in order to reach the proposed objective. It is worth reminding that during the presentation of the speeches, it was decided to mention the chemical substance of the medicine.

The data collected were organized based on the technique of Bardin's Analysis of Contents and discussed in the light of the theoretical reference. In this perspective, we chose Theme/Category-Based Content Analysis, through the breaking of the content of the speeches of the subjects. Such technique involved three stages: a pre-analysis, the exploration of the material, and the treatment of the results and interpretation <sup>(8)</sup>.

The pre-analysis covered the organization of the material collected and the second part involved the exploration of the material obtained, through detailed examination and later coding in thematic units. The last part was regarding the treatment and interpretation of the result in the light of thematic reference. The definition of thematic categories considered the contents and the semantic units, the similarities and the differences of feelings as principles, grouping the data regarding the common features to be analyzed later on <sup>(8)</sup>.

Resolution no. 196/96 was used in all the stages of the research. The project was approved by CEP/UFPI according to protocol no. 0043.0.045.000-09C and the subjects were consulted regarding the individual decision of participating or not in the study.

## RESULTS

At first the socio-economic profile of the elderly women and the use of medicine were approached, in order to describe their knowledge about the use of psychotropic medicine.

The elderly women were between 70 and 80 years old, they were retired, widows, with incomplete grade school, family income of two minimum wages (equivalent to R\$ 465.00 at the time of data collection), they lived with their children and grandchildren, used diazepam and amitriptyline, whose use varied from 1 to 25 years, in most of the cases prescribed by the doctor of the Family Health Strategy, without the psychiatrist's support. Along the interviews with the elderly women,

they spontaneously decided to show the psychotropic medicine they used which were within validity and kept in places away from the sun and without humidity.

According to the Content Analysis it was possible to group the speeches into three categories: knowledge of the elderly women regarding therapeutic indication, adverse reactions and psychotropic dependence.

When questioned on what they knew about the use of psychotropic medicine, the elderly mentioned the medicine, the therapeutic indication, the adverse reactions and the chemical dependence, according the following speeches: *The amitriptyline I know that it is antidepressant, diazepam is for people who have insomnia, without sleeping, can't sleep, so you take diazepam* (Interviewee 5). *Diazepam is for the mind, isn't it?! For the memory, isn't it?! Amitriptyline is for my head, to make me think normally, to avoid being shy, crying, because sometimes I cry a lot. I imagine, like, it was the doctor who prescribed, he was to one who saw me, looked at me, he knows what I have, then I trust him* (Interviewee 6). *Diazepam people say it is good for the nerves, to calm down, to sleep, because I don't sleep, and it is exactly because of that he [the physician] prescribes* (Interviewee 9). *Amitriptyline is to calm down, to stay relaxed...Ah! For depression, it was prescribed like this for me and for my neighbor* (Interviewee 10). *Don't know, I don't know what it is for, I just know that the physician prescribe, but he doesn't even explain what it is for* (Interviewee 15).

The elderly women also reported their knowledge on the adverse reactions to the use of psychotropic medicine. An adverse reaction can occur in two ways: first related to the main pharmacological action of the medicine, which is predictable and in many situations can be reversed with the reduction of the dose; or when the patient have taken too many doses, this is called adverse reaction not related to the main action of the medicine<sup>(9)</sup>. Therefore, the following speeches are elucidating: *Amitriptyline makes my mouth dry, my throat, I have no saliva. I don't feel anything with diazepam* (Interviewee 5). *What I feel when I take this medicine [diazepam], is just sleep, a lot of sleep, I sleep a lot, I think it is good...* (Interviewee 7). *With amitriptyline I feel my mouth dry and bitter and that is all I feel and nothing else* (Interviewee 10). *Bad affect I don't feel, no. When I was taking amitriptyline then I woke up with a little headache that went away*

*with time and it went away without any medicine, then that is why the doctor changed to clonazepam and I feel well with it* (Interviewee 13).

Still regarding the knowledge on psychotropic medicine, the speeches showed the relation of dependence of the elderly women on the medicine. So, the term dependence is understood as a biological phenomenon resulting from repeated medicine intake, it can happen with the use of psychotropic drugs through different mechanisms<sup>(10)</sup>.

When questioned on a possibility of quitting the use of the psychotropic medicine, the elderly women reported as follows: *It seems I can't make it! Ah! Because if I don't take it, I don't sleep and I get sicker, I stand up and I feel like falling down, with something in my mind. Sometimes I even shake, if one day I am healthy and sleep well then I can make it. A lot of people told me to stop taking this medicine, what do I do? I wonder if this pill is doing me harm* (Interviewee 3). *If I quit taking with, I think I get worse. I wonder if I can stop taking it. I wouldn't like to stop, because I feel well, I spend the day well* (Interviewee 6).

Other elderly women also reported as follows: *I don't think so, but if I have to, I will take it, but there was a possibility of not taking it, it is better. I have already spent one week not to get addicted, I spent one week without the medicine, but then some nights I don't sleep at all* (Interviewee 13). *I don't know what to say what happens if I quit, I think I don't sleep, then I have the impression that if I don't take I don't sleep. I have tried to quit, I spent 15 days without taking it, but then my sleep was no good, I couldn't even take a nap. I needed to take water with sugar to make me sleep, then I sleep, but then I am afraid to take that and have diabetes because people say that old persons can not take sweet drinks* (Interviewee 14). *I don't think so. Because I am already addicted, and everything that is good we get addicted, and I don't have diazepam I suffer: How is the night going to be without diazepam?* (Interviewee 16).

## DISCUSSION

The elderly women using simple and clear language, revealed their knowledge on the therapeutic indication of the psychotropic medicine, which came from the daily use, although without the scientific understanding of such indications.

In that sense, a discrepancy in the knowledge of the elderly ladies regarding the therapeutic indication of psychotropic medicine was observed. Whereas

interviewees five, nine and 10 showed that they had clearly understood the therapeutic indications of amitriptyline and diazepam, interviewee six knew such indications partially and interviewee 15 didn't know about the subject.

This inequality on the knowledge of the therapeutic indications of the psychotropic medicine is similar to a study made in Fortaleza-Ceará, with hypertension elderly persons to evaluate the level of knowledge on the illness and adhesion to the medical treatment, whose results revealed that 69.1% didn't know how to define arterial hypertension, while the others expressed themselves in a simple and clear but not scientific way. Even with the low schooling of these elderly persons, the adhesion to the treatment was attributed to the attendance of the majority to the health unit and to the free distribution of medicine<sup>(11)</sup>.

Still regarding interviewees 6 and 15, a relation of trust established between the physicians who prescribed psychotropic medicine and the elderly women was revealed, once they did not allow themselves to question the prescription of the medicine. They also reported the ideologized vision that the health professional is the holder of scientific knowledge and that for this reason personifies the authority whose acts can not be questioned, especially regarding knowledge, abilities and attitudes acquired at the university.

The valorization attributed to the psychotropic medicine by the elderly women was observed, among them the antidepressants and anxiolytics, the latter prescribed in cases of anxiety and sleep disturbs, once they induce the sleep and simulate a condition of natural sleep<sup>(10)</sup>. Such therapeutic indications strengthen the preference of the elderly and the habit of prolonged use.

To minimize this dependence generating situation, the importance of the relations in the social nets is highlighted, made up with people who surround the elderly women's environment and who, through communication interaction, help to know which medicine

the other one takes and the reason why<sup>(12-13)</sup>. The knowledge which the elderly acquire on the use of psychotropic medicine comes both from the patient-physician interaction as well as from the contact with the social environment in which they live. The path of experience with physicians of several specializations and the diversity used allow the elderly to establish distinctions between what they considered the best and the worst medicine<sup>(14)</sup>.

The knowledge of adverse reaction especially among the elderly women who take amitriptyline, revealed the sensation of dry mouth. Interviewee 13, mentioned headache early in the morning with the use of this medicine which is opposite to the researches that show the prescription of this medicine in the prophylaxis of migraine. Besides that, the antidepressant bring benefit in the treatment of obsessive-compulsive disorder, panic disorder, generalized anxiety, premenstrual dysphoric disorder, nervous bulimia, depression and chronic pain<sup>(15)</sup>.

The antidepressant drugs usually provoke anticholinergic responses, especially among the elderly who are sensitive. The most common effects are xerostomia, urinary retention, constipation, postural hypotension, blurred vision, sedation, nausea, decreased concentration, insomnia, psychosis aggravation, increase of body mass, glaucoma and epilepsy aggravation, and sexual disorder<sup>(10-15)</sup>.

The availability of antidepressants for the elderly in the health basic net must be seen as object for reflection and in the scenario of this study it is restricted to amitriptyline, which provokes anticholinergic effects, and they are not always well tolerated. So, the standardization of medicine has as main objective the control of costs and for this reason the health system limits the introduction of other psychotropic medicine.

Among the elderly who use hypnotic-sedative medicine, only interviewee 7 mentioned excessive sleepiness as an adverse reaction to diazepam, which is

more frequent among the ones using this type of medicine for a prolonged period.

Regarding hypnotic-sedative medicine, diazepam may provoke sleepiness, muscle hypotony, incapacity of remembering events which happened during the effects of the drug, cutaneous eruption and abstinence syndrome as adverse reactions. Benzodiazepines have a long elimination half-life and therefore the use of multiple doses causes a cumulative and residual effect, such as sleepiness<sup>(10)</sup>. In some studies the use of diazepam showed several adverse effects in chronic users, such as anguish symptoms, joint pain, depression and dizziness<sup>(16)</sup>. Age is also a factor which contributes for higher sensitization of the central nervous system, so, the elderly are exposed to higher risks of intoxication and adverse effects such as ataxia, vertigo and behavioral disorder<sup>(17)</sup>.

Regarding the use of benzodiazepines, some elderly confirmed they couldn't do without this medication, thus showing dependence. The prolonged use of benzodiazepines makes the users chemical dependent and, the longer the medicine is taken the higher the need to keep taking the medicine is.

It was noticed, through the interviewee's speeches, the relation of need and dependence they feel when using psychotropic medicine, when they are talking about the vice and the suffering with the hypothesis of lack of medicine. In the professional practice, it is common to notice frequent and insistent requests of controlled medicine prescriptions and the reports of elderly who could not get rid of this medicine.

The speech of interviewee 14 confirms the use of alternative practices to decrease or quit the use of psychotropic. In the offices, the elderly frequently mention that they use home cures such as teas, sugar cane juice and warm milk; however, such resources in most cases do not show satisfactory responses, which makes them start taking the psychotropic medicine again.

The chemical dependence was revealed by the elderly who use benzodiazepines. The dependence is characterized by unpleasant symptoms after the abrupt suspension of any substance, and in the case of patients who use benzodiazepines this can happen even with small doses and within a short time of use<sup>(18)</sup>. These studies confirm that psychotropics can cause dependence<sup>(19)</sup> when used without a correct diagnosis, orientation from a professional health or taken in an inadequate way.

The use of psychotropic medicine for more than six months can cause dependence, besides the increase in the rate of fall and accidents of the elderly. The dependence effect must be warned by the physician and nurse once the lack of knowledge makes the chronicity of use easier<sup>(20)</sup>. Besides that, the psychotropics constitute a group with the highest number of medicine without prescription at home, especially the benzodiazepines, by the fact that the prescription is kept by the drugstore leaving many people without a formal orientation for the use of these medicines<sup>(21)</sup>. Besides that, according to the evaluation of quality of the prescriptions not all of them have the minimum recommended information<sup>(22)</sup>.

Therefore, a multi professional systematic work in monitoring the elderly who use psychotropic medicine is necessary, especially in the Family Health Strategy. It is supposed that these actions are not yet implemented by the health professionals, because they have not paid attention to the excessive use of this medicine by the assisted population and also because it is a routine assistance practice in which the cost and benefit of psychotropic medicine in the long term range are not evaluated.

## FINAL CONSIDERATIONS

The present study reached the proposed objective regarding the description of knowledge of the elderly women on the use of psychotropic medicine, having as

favorable point the methodology used, which provided a chance for the elderly people who usually use such medicine to speak out. However, there were limitations: the study field was limited to the area covered by only one team of the Family Health Strategy and the exclusive involvement of female elderly whose age was above 70.

The elderly ladies expressed their knowledge on the therapeutic indication, adverse reactions and chemical dependence on psychotropic medicine in a simple way, using clear, easy to understand language, and reported that this knowledge came from experiences related to the time of use, once they had been users for a long time, and also from the social relation with other elderly and health professionals.

It became evident that the knowledge regarding therapeutic indication of psychotropic medicine was not the same: while some elderly mentioned the correct way of such indications, although without the appropriate scientific terminology, others revealed partial knowledge. Besides that, it was possible to observe that some elderly had no interest or curiosity in getting information about the medicine, once they believe that the physician's knowledge is unquestionable, and therefore, they are not to search explanation for the clarification regarding the prescribed medicine.

The elderly women who were surveyed have knowledge regarding the side effects of the use of the psychotropic medicine, and among the most frequently reported affects, they highlighted the sensation of dry mouth and sleepiness caused by the use of amitriptyline and diazepam, respectively. The relation of dependence of the elderly women to the benzodiazepines was also noticed, once they reported psychic suffering in the possibility of lack of medicine, resulting from the use of the medicine for long periods. Some elderly reported the use of home cure in an attempt to satisfy the need of the psychotropic, but they reported that such behavior was unsuccessful.

After that, it becomes necessary to re-analyze the dialogue between the health professionals and the patients, in order to adequate the language, so that the elderly could understand it, and to try to demystify the relation of power and domain of the scientific knowledge.

It is believed that, in the approach of Family Health Strategy, some multi professional work become necessary in order to inform the psychiatrist about the elderly before the first prescription of the psychotropic medicine. This specialized follow up must be kept throughout the treatment.

Besides that, the nurses have an important educational role in order to emphasize the orientation on the use of the prescribed psychotropic medicine, the estimated time of use, the therapeutic effects and adverse reactions, so that the elderly can incorporate new knowledge and have a safe use of these medicines.

On the other hand, the results showed the need for guidelines in the area of health of the elderly related to the prolonged use of a psychotropic medicine and in the effective directing of the actions developed by the professionals of the Family Health Strategy in order to improve the assistance to these patients.

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