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Consumption of psychotropic drugs in Family Health Strategy units

Consumo de psicofármacos em unidades da Estratégia Saúde da Família

Consumo de drogas psicotrópicas en unidades de estrategia de salud familiar

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ABSTRACT

Objective: to examine psychotropic drug use in program area 3.3 of Rio de Janeiro city. **Method:** in this exploratory, quantitative study of 49 users at three facilities of program area 3.3 of Rio de Janeiro city, between May and July 2020, data were analyzed using simple descriptive statistics. The research protocol was approved by the research ethics committee. **Results:** psychoactive drug use was more prevalent among women (77.55%) who were over 60 years old (40.82%), with high school education (49.98%), and unemployed (38.78%). In general, they had used at least one psychotropic drug daily (53.06%), for more than six years (38.78%), predominantly for anxiety disorders (57.14%). They declared never having received nursing care (61.22%) and not knowing the action and risks of prescribed psychotropic drugs (53.06%). **Conclusion:** points were identified where these users need to be monitored better by nurses.

Descriptors: Family Health; Family Nurse Practioners; Mental Health; Medicalization; Psychotropic Drugs.

RESUMO

Objetivo: analisar a utilização de psicofármacos na área programática 3.3 do município do Rio de Janeiro. **Método:** estudo exploratório, de abordagem quantitativa, realizado junto a 49 usuários de três unidades da área programática 3.3 do município do Rio de Janeiro, entre maio e julho de 2020. Os dados foram analisados por meio de estatística descritiva simples e o protocolo de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa. **Resultados:** houve maior prevalência do uso de psicofármacos entre mulheres (77,55%) com mais de 60 anos (40,82%), com ensino médio (49,98%) e desempregadas (38,78%). No geral, utilizavam ao menos um psicofármaco diariamente (53,06%), há mais de seis anos (38,78%), predominantemente para quadros de ansiedade (57,14%). Declararam nunca ter sido atendidos por enfermeiros (61,22%) e não ter conhecimento sobre a ação e os riscos dos psicofármacos prescritos (53,06%). **Conclusão:** foram identificados pontos com necessidade de melhoria no acompanhamento desses usuários por enfermeiros.

Descritores: Saúde da Família; Enfermeiras de Saúde da Família; Saúde Mental; Medicalização; Psicotrópicos.

RESUMEN

Objetivo: analizar el uso de psicofármacos en el área programática 3.3 de la ciudad de Río de Janeiro. **Método:** estudio exploratorio, con enfoque cuantitativo, realizado junto a 49 usuarios de tres unidades del área programática 3.3 de la ciudad de Río de Janeiro, entre mayo y julio de 2020. Los datos fueron analizados mediante estadística descriptiva simple y el protocolo de investigación fue aprobado por el Comité de Ética en Investigación. **Resultados:** hubo mayor prevalencia de consumo de drogas psicoactivas entre mujeres (77,55 %), mayores de 60 años (40,82 %), con educación secundaria (49,98 %) y desempleadas (38,78 %). En general, usaban al menos un psicofármaco diario (53,06%), durante más de seis años (38,78%), predominantemente para trastornos de ansiedad (57,14%). Declararon nunca haber sido asistidos por enfermeros (61,22%) y no tener conocimiento sobre la acción y riesgos de los psicofármacos prescritos (53,06%). **Conclusión:** fueron identificados puntos de mejora en el seguimiento de estos usuarios por parte de los enfermeros.

Descriptores: Salud de la familia; Enfermeras de Familia; Salud Mental; Medicalización; Psicotrópicos.

INTRODUCTION

The Family Health Strategy (*Estratégia Saúde da Família - ESF*) is fundamental in structuring primary healthcare in Brazil and brings a new perspective to the health intervention process, since it does not wait for the population to seek care, as it acts preventively on it by organizing and executing its practices aimed at facing existing problems[1-3].

Unfortunately, for cultural, historical, social and political reasons, the use of some tools such as medicalization disregards the complexity of human life and reduces it to individual issues, whether in its organic, psychological, or in a restricted and naturalized reading of social aspects. Even when positive, it brings a reductionist conception which is dissociated from the contexts in which the patient is inserted, such as their social, economic and cultural situation[4,5].

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People who seek care do not always have pathophysiological disorders, but rather social exhaustion. Therefore, it is possible to state that the health needs of the population go beyond the needs of clinical treatment, of health services, involving vulnerabilities, ways of life and identities[4,6].

The medicalization process has consequences which are not always positive from the point of view of the population's health, since it reduces the social aspect to a variable without significance, only considering man as a biological body. However, when "biologizing" a problem, all instances involved in it are exempt. It is a human being built without context, without culture, without history and without politics[7].

The term "medicamentalization" more specifically refers to the use of medication in situations that were previously not considered medical problems. According to data from the World Health Organization, it is estimated that more than half of medications are inappropriately prescribed, dispensed and/or sold, and that half of patients use them incorrectly[8].

We highlight the expansion of the use of psychotropic drugs, which leads to reflection on the relationships that the contemporary subject has been establishing with everyday issues which present conflict and the demands of their human condition[9].

Brazil is the third largest consumer of benzodiazepines in the world and the sixth largest producer of these substances. It is the second largest consumer of zolpidem, used to treat insomnia and phenobarbital, an anticonvulsant, but also a hypnotic and sedative; the largest consumer of clonazepam, used in cases of anxiety and mood disorders; the largest consumer of midazolam, sleep inducer; the third largest consumer of nitrazepam, indicated for sleep disorders caused by irritability; the second largest consumer of bromazepam, used to control anxiety; the largest consumer of diazepam, an anxiolytic, muscle relaxant and anticonvulsant; and the 3rd largest consumer of alprazolam, indicated for treating anxiety disorders[8].

This theme is part of the national agenda of health research priorities for the year 2018, with regard to access, use, and rational use of medicines (axis 2 of the agenda of priorities - Pharmaceutical Care). The rational use of medicines is also among the objectives and guidelines of the National Medicines Policy and the National Pharmaceutical Care Policy.

As a consequence, there is a growing and endless spontaneous demand for care at family clinics for all types of pain, problems, complaints, and/or discomfort, which requires definite embracement spaces and better service dynamics. In this sense, the *ESF* can be a chance to reorganize medicalization and reconstruct autonomy, but it can also constitute a new medicalizing force in view of its proximity and influence on the population[10].

Nurses occupy a prominent place as a health professionals and members of the *ESF* team, being able to act in a way to sensitize the other professionals of the team, especially physicians and pharmacists regarding the importance of rigorous evaluation during prescriptions, and in dispensing prescribed medications. They can offer guidance and clarification regarding the use/abuse of psychoactive substances[11,12].

Guiding users during the nursing consultation or educational activities is also essential with a view to encourage rational medication use, changing lifestyles and offering integrative and complementary practices. Creating a proposal for group therapy and projects for exchanging experiences among users is also relevant, especially when the family is included in this process[13].

In this context, the objective of the present study was to analyze the profile of psychotropic drug use in the population attended by the *ESF* in the programmatic area 3.3 (*área programática 3.3 – AP3.3*) in the city of Rio de Janeiro, Brazil.

METHOD

This is an exploratory study with a quantitative approach, conducted in the three Basic Health Units (*Unidades Básicas de Saúde - UBS*) of the *AP3.3* in the city of Rio de Janeiro. These units are in most need of stocking replacement psychotropic drugs according to the Coordination of the Programmatic Area (*CAP3.3*). These units have family health teams and primary healthcare teams, identified as *UBS* 1, *UBS* 2 and *UBS* 3.

Data collection was conducted with users served by the teams from May 22 to July 3, 2020 through application of a semi-structured questionnaire (created by the researcher and previously tested), inside the unit while users waited to pick up medication at the pharmacy.

The sample size was calculated using the G*Power® version 3.1.9.2 and BioEstat® version 5.3 programs, based on the average of total attendances to the units, and calculated according to the number of attendances in the last five months prior to data collection.

An average of 9,145 consultations were performed in the three units. Therefore, a random sample was constituted by the exact binomial test, for which the power of the test was 80%, an effect size of 20%, which is considered small

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considering the study limitations, significance level of 5% and constant proportion of 50%. Thus, a sample of 49 patients was reached.

The technique used for the calculation was sampling stratified by proportional allocation, selecting 13 patients in *UBS* 1, 14 patients in *UBS* 2 and 22 patients in *UBS* 3 for data collection.

The programs used to perform the analyzes were the Statistical Package for The Social Sciences (IBM SPSS®), Statistics® version 24 and STATA® version 14.0. The description of the instrument was presented in the form of observed frequency and percentage, and the alpha level of significance adopted was 5%. The Microsoft Excel® 2019 software program was used to configure graphs and tables.

The Guidelines and Regulatory Norms for Research involving Human Beings, established by resolutions 466/12 and 510/16 of the National Health Council linked to the Ministry of Health were complied with, with submission on the Brazil Platform and approval of the study protocol by the Ethics Committee.

RESULTS

Data related to the sociodemographic characterization of the 49 participants are presented in Tables 1 and 2.

TABLE 1: Description of sociodemographic variables: age, gender, education, profession/occupation, income, work, civil status and recreational devices. Rio de Janeiro, RJ, Brazil, 2020.

Variables		n	%
Age range (years)	20 to 29	2	4.08
	30 to 39	4	8.16
	40 to 49	6	12.24
	50 to 59	17	34.69
	60 or older	20	40.82
Gender	Female	38	77.55
	Male	11	22.45
Education level (completed)	Never studied	2	4.08
	1st to 4th grades	8	16.33
	5th to 8th grades	10	20.41
	High school	24	48.98
	Higher education	5	10.20
Profession/occupation	Gainfully employed	4	8.16
	Self-employed	7	14.29
	Retired	5	10.20
	On pension	4	8.16
	Unemployed	19	38.78
	Stay-at-home dependent	10	20.41
Approximate income*	Less than 1 minimum monthly salary	25	51.02
	1 to 2 minimum monthly salaries	12	24.49
	No fixed income	12	24.49
Weekly working hours	No fixed hours/schedule	7	14.29
	Up to 10 hours a week	1	2.04
	21 to 30 hours a week	1	2.04
	31 to 40 hours a week	2	4.08
	Not applicable	38	77.55
Do you receive any government support / benefit?	No	32	65.31
	Yes	17	34.69
Civil status	Single	17	34.69
	Married	18	36.73
	Divorced / separated	8	16.33
	Widowed	6	12.24
Do you have access to recreational devices?	No	35	71.43
	Yes	14	28.57

**Minimum monthly salary in 2020: R$1,045.00 (one thousand and forty-five Reals).*

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TABLE 2: Description of sociodemographic variables: living and recreation. Rio de Janeiro, RJ, Brazil, 2020.

Variables		n	%
How many people live with you?	Living alone	10	20.41
	1 to 2 people	19	38.78
	3 to 4 people	13	26.53
	5 to 6 people	6	12.24
	7 or more	1	2.04
Your housing is:	Your own	32	65.31
	Rented	10	20.41
	Ceded	7	14.29

Among the interviewees, 40.82% were people aged 60 years or older, 77.55% were female, 48.98% had completed high school, 38.78% were unemployed, and 51.02% received less than 1 minimum monthly salary. Among those who worked, 14.29% had no fixed hours, 34.69% received some support or benefit from the government, 36.73% were married, 38.78% lived with one to two people and 65.31% had their own home. Only 28.57% said they had access to recreational devices. Data related to the use of psychotropic drugs are shown in Table 3.

TABLE 3: Description of psychotropic use and consumption variables. Rio de Janeiro, RJ, Brazil, 2020.

Variables			n	%
Do you use psychotropic drugs?		No	0	0.00
		Yes	49	100.00
How many psychotropic drugs do you use?		One	26	53.06
		Two to three	17	34.69
		Four to five	4	8.16
		Six or more	2	4.08
How often do you use this/these medication(s)?		Everyday	42	85.71
		Everyday, but sometimes different doses	2	4.08
		When I feel stressed	2	4.08
		When I have difficulty sleeping	2	4.08
		When I go through a stressful situation	1	2.04
How long have you been using medication?		Less than 1 year	6	12.24
		1 to 2 years	10	20.41
		3 to 4 years	6	12.24
		5 to 6 years	8	16.33
		More than 6 years	19	38.78
Do you think it is important to use these medications in your daily life?		No	0	0.00
		Yes	49	100.00
What made you start using these medications? (NOTE: More than one option can be checked)	Anxiety	No	21	42.85
		Yes	28	57.14
	Insomnia	No	38	42.86
		Yes	11	57.14
	Depression	No	45	77.55
		Yes	4	22.45
	Convulsions	No	45	91.84
		Yes	4	8.16
	Others	No	47	91.84
		Yes	2	8.16
Which professional initially prescribed the use of psychotropic drugs?		Family clinic doctor	17	34.69
		Other doctor	29	59.18
		I use it on my own	3	6.12
Do you think that controlled-use medications should be prescribed with more criteria (only as a last resort?)		No	18	36.73
		Yes	31	63.27
Do you believe that its use can cause harm?		No	33	67.35
		Yes	14	28.57
		Sometimes	2	4.08
Have you stopped using it/them at some point??		No	25	51.02
		Yes	23	46.94
		Sometimes	1	2.04
After how long did you return to using it/them?		Less than 6 months	15	30.61
		Between 6 months to 1 year	3	6.12
		More than 1 year	4	8.16
		I still haven't returned to using it/them	1	2.04
		Not applicable	26	53.06

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It was observed that 53.06% of the interviewees used a psychotropic drug, 85.71% used it/them every day, 38.78% used it/them for more than six years, and all (100%) believed that these drugs are important in their everyday life. Anxiety was responsible for 57.14% of the causes, followed by insomnia (22.45%).

It was found that 59.18% reported that psychotropic drugs were initially prescribed by physicians other than those of the *ESF*, 63.27% believed that controlled-use medications should be prescribed with more criteria, 28.57% reported that their use can cause harm. Moreover, 46.94% have already stopped using the medication(s) at some point. Among those who returned to use it/them, 30.61% did so in less than six months.

Most of the interviewees have been using a medication daily without a break for more than six years. According to the therapeutic classification, sedatives/anxiolytics stand out among the drugs used, such as clonazepam, diazepam, bromazepam, levomepromazine and zolpidem. In addition, the use of antidepressants was mentioned, such as: fluoxetine, amitriptyline, duloxetine hydrochloride, trazodone hydrochloride, bupropion, sertraline hydrochloride, nortriptyline and escitalopram. Antiepileptic drugs, such as valproic acid, trileptal, phenobarbital, carbamazepine and lamotrigine were also mentioned. Antipsychotics/neuroleptics such as risperidone, chlorpromazine, lithium carbonate, quetiapine, haloperidol and trifluoperazine were also cited.

It is noteworthy that three participants did not remember the name of all the medicines they use, one of them reported using calming herbal medicines together with psychotropic drugs in order to enhance their effects. Furthermore, 46.94% of the interviewees have stopped using the medications at some point. The following main causes for stopping were cited: Fear of creating dependence, denial of the disease, interruption of alcohol consumption, poor adaptation to medication, feeling of improvement, the fact of not being able to renew the prescription, and absence of medication in the pharmacy of the family clinics; while the reasons among those who resumed use after interruption cited worsening of symptoms and worsening of pre-existing chronic diseases as justification.

All respondents consider the use of medication to be important. Some of the general justifications included: “To avoid outbreaks/crises”; “to lead a normal life and be able to do things”; “to be calmer”; “to be able to sleep”; “to relax”;, “to control sadness”; “to be able to eat”; “to solve my problems and worries”; “to control anxiety and nervousness”; “to control blood pressure/diabetes”; “to help my depression”; “for my health”; “to feel more secure”; “to control my chemical dependency”; “to avoid seizures”; “because my son/sister/mother died”; “to avoid shortness of breath and tremors”; and “because it makes me feel good”.

Table 4 presents data related to user follow-up and prescription renewal.

It was found that 59.18% of respondents were regularly monitored by the *ESF*, 8.78% had already been or were being monitored by a nurse. Of these, 10.20% reported that when in contact with a nurse, the use and/or risks of using psychotropic drugs were addressed indiscriminately. In addition, 46.94% said they had knowledge about the drugs they use and how they act, 40.82% answered that they can sometimes purchase the drugs from the *SUS*.

Among the participants, 46.94% reported having knowledge about the action mechanism of the drugs they use, but were unable to explain. An additional 61.22% reported never having received any type of assistance from a nurse. Of those who had it, only 10.20% received some type of guidance on the use of psychotropic drugs. It is not known whether such reports are due to the fact that some users do not recognize the nursing professional or, when being assisted by them, they believe they are being attended by a medical professional.

According to 59.18% of the interviewees, the initial prescription of the psychotropic drugs used was done by doctors from other specialties, not from the *ESF*. Among these doctors, the following stand out: Psychiatrist (n=17), neurologist (n=2), cardiologist (n=2), general practitioner (n=4), rheumatologist (n=1) and endocrinologist (n=3). Moreover, 6.12% of respondents reported having started using medication on their own.

It is noteworthy that 40.82% of the interviewees reported that they can sometimes get the medications in the *SUS*, but most of the time they need to buy them, either because the medication is not on the National List of Essential Medicines (*Relação Nacional de Medicamentos Essenciais - RENAME*), or because it is momentarily out of stock.

Regarding how the participants renew their prescription at the *ESF*, 55.10% reported having an easy time renewing the prescription at the family clinics, but 69.39% of the cases consisted of taking a copy of the prescription and leaving it in the unit to come back later and get the renewed prescription. However, 6.12% reported not being able to renew their prescriptions, and 10.20% reported having their prescription renewed by other means, among which include renewal in private clinics or by family/friends who are doctors.

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TABLE 4: Description of user follow-up and prescription renewal. Rio de Janeiro, RJ, Brazil, 2020.

Dados sobre o acompanhamento/receituário		Response	n	%
Do you follow-up regularly at the Family Clinic?		No	20	40.82
		Yes	29	59.18
Have you ever had contact with a nurse at your health unit (consultation, home visit, educational activity...)?		No	30	61.22
		Yes	19	38.78
During contact with any *ESF* Nurse, were the use and/or risks of psychotropic drug use discussed, as well as doubts about these drugs answered?		No	44	89.80
		Yes	5	10.20
Are you aware of the medications you use and how they work?		No	26	53.06
		Yes	23	46.94
Is your medicine acquired from the Unified Health System (*Sistema Único de Saúde – SUS*)?		No	10	20.41
		Yes	19	38.78
		Sometimes	20	40.82
Is it easy for you to renew your prescription at the *ESF*?		No	20	40.82
		Yes	27	55.10
		Sometimes	2	4.08
How is your prescription renewed at the *ESF*?	I take a copy of my prescription and leave it in the unit bay. Then I come back to get the renewed prescription.	No	15	30.61
		Yes	34	69.39
	I take a copy of my prescription and leave it in the unit bay. Then my health agent delivers the renewed prescription to my house.	No	48	97.96
		Yes	1	2.04
	When I make a request for renewal in the pharmacy bay, I am immediately placed in a free demand for renewal.	No	43	87.76
		Yes	6	12.24
	I need scheduled appointments with the team doctor for the renewal to be carried out	No	43	87.76
		Yes	6	12.24
	Other ways	No	44	89.80
		Yes	5	10.20
	Never able to renew it	No	46	93.88
		Yes	3	6.12

DISCUSSION

The study findings corroborate findings from Belo Horizonte, which highlights the risks of indiscriminate use and chronic use of benzodiazepines by the older adult population generally for anxiety and sleep disorders, which can increase the risk of falls and cognitive impairment[14].

Another study also carried out in Minas Gerais states that older adults stand out as the age group which most uses psychotropic drugs due to the frequent presence of psychiatric comorbidities and for the relief of somatic conditions. In this sense, studies on the use of these drugs gain importance, as this is a population segment that is particularly vulnerable to their adverse effects, such as falls with risk of fractures, cognitive impairment and delirium, in addition to psychiatric hospitalizations[15].

It was found that 95.24% of older adult patients in Porto Alegre had some potentially inappropriate psychotropic drug prescribed for their age, hence the importance of judiciousness in choosing treatment, in elaborating clinical protocols and in multidisciplinary follow-up, seeking to promote the rational use of medication, quality of life and safety of older adult patients[16].

Regarding the female population, another study in Minas Gerais mentions that the fact that women use more psychotropic drugs than men can be justified because they are more perceptive to symptoms of diseases, because they are less resistant to the use of drugs, because they are more predisposed mental illnesses, and they attend health units more often[17].

Studies in Minas Gerais, São Paulo, Rio Grande do Sul, Rio Grande do Norte and Santa Catarina also show a higher prevalence of women with regard to the use of psychotropic drugs[18-20].

Still in the Brazilian context, data from Fortaleza indicate that there is a higher rate of psychotropic drug use for various purposes among individuals with low education and income levels, unlike a study carried out about 20 years ago in which education was not associated to the consumption of psychotropic drugs[21,22].

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Furthermore, data obtained in São Paulo showed that the use of psychotropic drugs was associated with age and education. According to the analysis, education is usually linked to worse chances of professional and social advancement, which may contribute to a worse quality of life and chances of developing common mental disorders, thereby causing an increase in the use of psychotropic drugs[20].

With regard to work/occupation, most of the interviewees were unemployed, followed by those who consider themselves "stay-at-home dependents". Less than 35% receive any government assistance. Among those who receive government assistance, the most cited was Emergency Aid, a temporary financial benefit for informal, self-employed and unemployed workers in the crisis period caused by the Coronavirus pandemic - COVID 19.

Of those who work, most work autonomously, do not have a fixed workday, and receive less than one minimum monthly salary. Of the users who reported having stopped taking medications at some point, some do so abruptly due to the absence of the medication in the Unified Health System (*SUS*) network or a lack of sufficient income for the purchase.

Most of the participants are married, as in studies conducted in São Paulo, Paraíba, and Belo Horizonte[15,20,23-25].

Most of the participants have families, living with one or two people in their own home. The houses are made of stone/brick and have a water supply and basic sanitation network. Even so, the study area presents a scenario of great social vulnerability, concentrating some of the neighborhoods with the lowest Human Development Index in the city of Rio de Janeiro, in addition to being marked by constant armed confrontations; this data may justify the fact that only 28 .57% of participants have access to some type of leisure. The most cited means of leisure were television and walking around the neighborhood.

It is noted that more than half of the interviewees say they do regular monitoring at the *ESF* units, but they say they have had difficulties scheduling in the last year due to the Coronavirus - COVID 19 pandemic.

Of those who report not having regular follow-up in the units, six reported that their teams never have doctors, two reported that they do follow-up in the private network, one said they only get an appointment with a nurse who never deals with medication issues; one said they only seek the unit when they feel bad; and the others did not respond.

Based on this, it can be inferred that the follow-up of users who use psychotropic drugs often only occurs by renewing the prescription, without in-depth evaluation or joint follow-up with psychiatry or psychology. Some users mentioned that they are not feeling well with the medications/dosages prescribed, or that they no longer have an effect, but they are unable to receive care for a new evaluation and prescription.

The literature points out that the consumption of anxiolytics has become a problem, since it affects a large part of the population. These drugs belong to the most indiscriminately used group of psychotropic drugs in the world[26]. It is also noteworthy that the long-term use of psychotropic drugs can lead to abstinence and dependence[26].

Controlling anxiety and insomnia stand out as the reasons that led the participants to start using psychotropic drugs. The same is observed in other studies carried out in Rio de Janeiro, Rio Grande do Norte and Minas Gerais[18,27,28].

Anxiety and depression are the most prevalent mental disorders in the world, but only four participants reported using psychotropic drugs due to depression. This fact can be justified by the occurrence of underdiagnoses, since it is estimated that 55% of the patients treated with the symptomatology of the condition at the primary care level are not diagnosed with depression[29].

The findings for the issuance of prescriptions are in contrast to a study carried out in 2014, which reveals that family doctors are the main prescribers of psychotropic drugs, which may indicate a change in the practice of family medicine over the years[30].

The beginning of the spontaneous use of these medications in Brazil is due to the poor quality of the supply of medications, non-compliance with the obligation to present the medical prescription and the lack of information and instruction in the general population[29].

It is important that nursing professionals identify themselves for their role with psychotropic drug users, as well as providing all the guidelines regarding the medications used by patients in nursing consultations or in other meetings

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at the health unit, in addition to creating embracement and listening spaces for solving problems and contributing to effective improvement[31].

Regarding access to the drugs used by the participants, bromazepam, levopromazine, zolpidem, duloxetine hydrochloride, trazodone hydrochloride, sertraline hydrochloride, escitalopram, trileptal and trifluoperazine are not on the *RENAME* 2020 list. Therefore, 37.5% of the drugs mentioned are not are provided by the *SUS*.

The procedures described for obtaining prescription renewal were not considered adequate, since this practice interrupts the process of evaluating the patient's mental disorder, in case there is a need to modify the treatment, reduce the dose or implement some action to avoid dependence[32].

Study limitations

A limiting factor in conducting this study is that one of the three units selected does not have a control sheet for receiving/dispensing psychotropic drugs. In view of the changes in the administration of the units, the exchange of professionals and the computerized system, these data have not yet been organized and retrieved. The new electronic medical record system available in the units implemented in 2019 in this programmatic area does not issue detailed reports, nor reports related to prescription renewal and dispensing of psychotropic drugs, and the control carried out by the programmatic area coordination only considers monthly medication replacements, and could not provide a reliable value on the dispensation/consumption of psychotropic drugs per unit.

Another limitation involves the pandemic period caused by the type 2 coronavirus, which reorganized the care dynamics in Family Health units, as well as limited access to users. The withdrawal of psychotropic drugs in the Pharmacy sector of the selected units was often done by family members or friends of the users who met the inclusion criteria of the study in order to keep them in social isolation, and the questionnaire was not applied to this group of people. Even so, data collection was performed during this period taking the necessary precautions, highlighting the need for measures to avoid the excessive use of psychotropic drugs by users monitored by the *ESF*; such measures include greater approximation between the multidisciplinary team and the patient /family/community, health education actions, active listening and space for clarifying doubts and clarifications, care with a view to the comprehensiveness of the being and proposals for non-drug approaches.

Finally, a sample limitation is reported through the adopted calculation, which may require the performance of new studies in order to potentially generalize the results.

CONCLUSION

A high rate of use of psychotropic drugs was observed among women, older adults and the unemployed. Points in need of improvement in monitoring these users by nurses were identified.

Despite not being the prescriber, the nurse has a very relevant role to change the reality that is presented, contributing to the health of the user, to the *SUS*, to changes in nursing practices and to strengthen actions in the psychosocial care area.

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