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CARE AND WEANING OF BENZODIAZEPINES IN PRIMARY HEALTH CARE

Fernanda Silvestre Costa
Psychologist, Manager of Primary Health Care Unit. Fortaleza/CE

Tiago Araújo Monteiro
Doctor, Member of the Health Team of the Primary Health Care Unit. Fortaleza/CE

Abstract: Primary Health Care plays a leading role in strengthening the mental health care network, since 80% of the population's problems can be accommodated at this level of care. Through a quantitative survey, with data from consultations collected during consultations carried out in the years 2018, 2019 and early 2020, a profile of patients in chronic use of benzodiazepines was drawn. During the interdisciplinary follow-up, users achieved a partial and even total reduction in the use of benzodiazepines, thus improving the quality of life of the participants in the group. Thus, it is necessary to restructure the specialized mental health networks, with the reinforcement of multidisciplinary teams.

INTRODUCTION

Mental health has gone through a transformation process over the years. Psychiatric reform made it possible, in Brazil, to enact Law 10,216 of 2001, which provides for the protection and rights of people with mental disorders and redirects the mental health care model (Law No. 10,216, 2001).

The implementation of public policies made it possible to create the Psychosocial Care Center (CAPS) with the intention of supporting hospitals, replacing inpatient services (NEVES et al, 2010).

According to the precepts of the anti-asylum movements, Primary Health Care (PHC) plays a leading role in the strengthening of this care network, since 80% of the population's problems can be accommodated at this level of care.

The Family Health Strategy, created in 1994, added to the mental health service the monitoring of users, aimed at health promotion, considering territorial demands and social participation in the design of strategic plans (FRATESCHI; CARDOSO, 2016).

In 2003, mental health gained emphasis through Circular nº 01/037 and Ordinance 154 generated by the coordination of Mental Health and Primary Care Management, instituting the Expanded Nucleus of Family Health (NASF), establishing financing funds. As the guiding principles of the NASF: territorialization, intersectoriality, psychosocial rehabilitation, multiprofessional and interdisciplinary approach, deinstitutionalization, promotion of citizenship and construction of autonomy (CAMPOS et al, 2011).

Studies have shown that according to the Information System in Primary Care (SIAB), fed by the FHS teams, there is no place for mental health. PHC has remained within the logic of medicalization, hospitalization and fragmentation of individuals with mental disorders (NEVES et al, 2010).

Given this scenario, the need to implement new strategies in mental health in the Primary Health Care Unit (UAPS), occurred due to the great demand of patients seeking controlled prescriptions, only renewing prescriptions, often without assistance at CAPS, due to overcrowding and without conditions of care in PHC.

The work will address the strategies used in the UAPS in order to contemplate a humanized, quality care, in which users can participate in the practice of mental health, through shared consultation between medicine and psychology, care room performed by physiotherapy and psychology, and the support group "Café com Saúde", where integrative therapies were worked.

The quality of interpersonal care directly influences the patient's perception of the illness process, communication with the health professional, motivating better treatment (PORTO, 2012).

The main objective of the work is to facilitate access to mental health services, individual and group follow-up, promoting psychological well-being and finally achieving weaning from the medication, as needed.

METHOD

This is a quantitative research, with data from consultations collected during consultations carried out in 2018, 2019 and early 2020, within the UAPS mental health program.

According to Trocolli and Detsi (2002, p. 07), quantitative research "is concerned with a level of reality that can be quantified, measured. They are visible and/or identifiable phenomena that can be captured in equations, averages and statistics".

Mental health consultations were held on Wednesdays and Thursdays during the afternoon, from 1 pm to 4 pm, starting in July 2018, ending in January 2020, with the strategy of increasing consultation time by 12 minutes consultation for 25 minutes.

From then on, consultations were carried out jointly between psychology and medicine professionals, offering a space for listening, emphasizing the psychic subject, evaluating and developing the most appropriate psychopharmacological treatment. As needed, the client was referred to individual psychotherapy, but giving priority to the group process.

During this period, information was gathered from 280 patients followed up by the mental health group of the health unit. The anamnesis of each patient, diagnosis according to the International Code of Diseases (ICD-10), previous and current medication, according to their treatment, were stored in spreadsheets, according to their treatment, totally congruent with the user.

The mental health consultations provided the user with the meeting with health professionals periodically every 2 months, time stipulated to carry out the renewal of controlled prescriptions.

Concomitant with the shared consultation, there was individual assistance to the user in the care room, lasting 15-20 min, where physical therapy performed relaxation, stretching, myofascial release, cupping therapy and auriculotherapy.

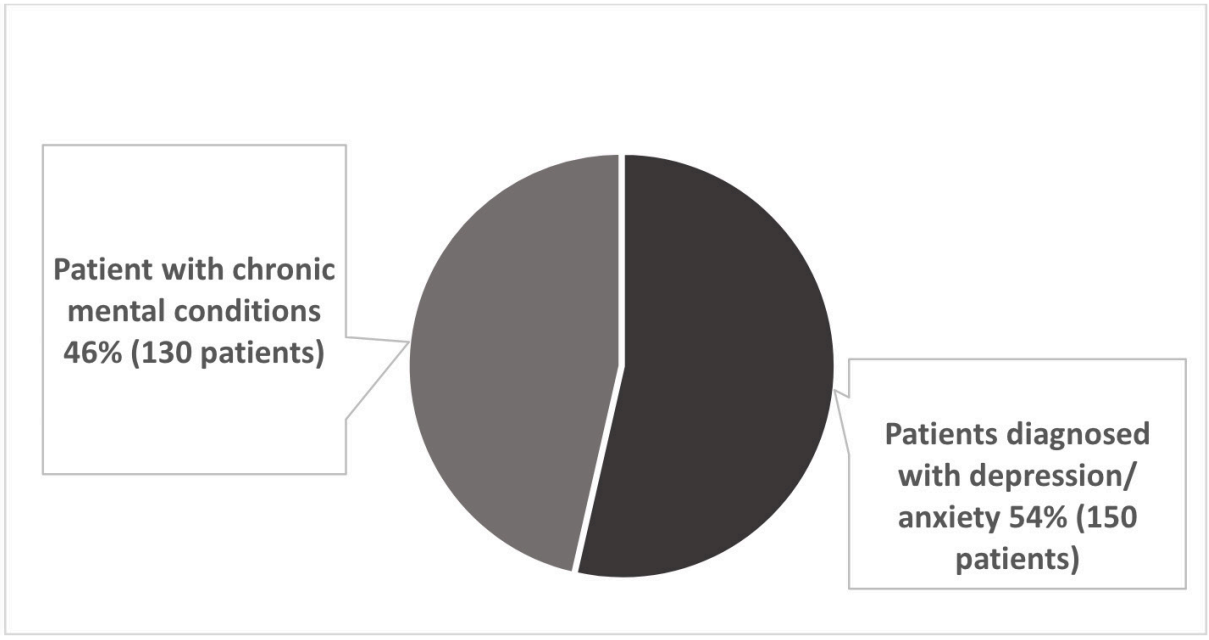
The "Café com Saúde" group was held on Wednesday mornings, from 8 am to 9 am. Each meeting allowed a place for speech, in addition to activities that stimulated the cognitive, development of social skills, stretching and playful dynamics.

RESULTS AND DISCUSSION

The assisted group totaled 280 patients, of which 130 patients are on continuous use of controlled medications due to chronic conditions such as a diagnosis of schizophrenia, for example, which must be regularly monitored in the psychosocial care network (CAPS).

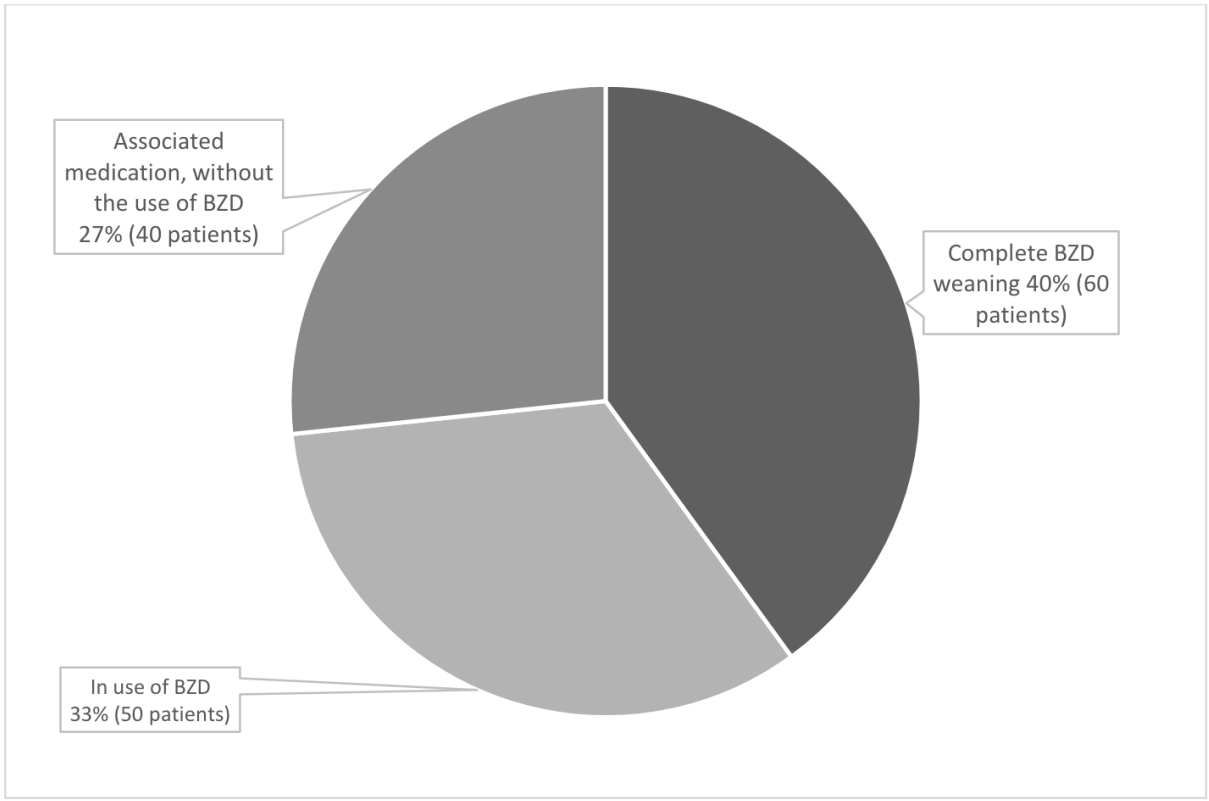
The graph above shows the ineffectiveness of the CAPS (Psychosocial Care Center) in monitoring psychiatric patients. The users in question had an evaluation by the psychiatrist professional for a long time and without provision for reassessment. The overcrowding and lack of professionals in these centers, forsakes the patient from their proper care and helps them to fill vacancies in primary care, where patients with milder diagnoses must be followed up.

From this group, 150 users were isolated from the primary care profile, most of them in the ICD F41 - Other anxiety disorders group. Subgroups F410, F411, F412, F413, F418, F419.



Graph 1 - Patients followed up by the mental health program at the UAPS.

Source: Prepared by the authors.



Graph 2 - Patients followed up with benzodiazepine weaning.

Source: Prepared by the authors.

It is possible to observe that 40% of the assisted patients were discharged from mental health, 33% are still in a situation of weaning using benzodiazepine (BZD) linked to another medication, 27% using only supportive medication without benzodiazepines.

Having as a great differential the interconsultation between medicine and psychology, during the process, the patient was evaluated in an integral way, the therapeutic plan was established and the invitation to the Café com Saúde Group (GCS) was carried out.

Patients participating in the GCS were mostly diagnosed with anxiety and depression. Despite the high prevalence of these pathologies, the GSC had a low adherence, with an average of about 10 patients per meeting. One of the reasons for the low adherence is the fact that patients have a busy daily routine, dividing themselves between home activities, care for children/ grandchildren, work activities, all of which made it difficult for patients to attend at the scheduled time.

In addition, the existing taboo around the confidentiality of information shared in the group and the fear of being stigmatized as mentally ill for participating in these meetings explains the excellent adherence to individual psychological care.

This time, throughout the follow-up, users achieved a partial and even total reduction in the use of benzodiazepines, presenting cognitive gains, decreased dizziness, thus improving the quality of life of the participants in the group. In addition, greater attendance was observed for appointments scheduled at the health unit and awareness of the risks of abuse of these medications.

In view of the strategies adopted in mental health care, it was possible to perceive a decrease in the use of benzodiazepines and even their complete weaning. This fact occurs with the help of medication from other pharmacological classes, which have better long-term tolerability and less harmful side effects.

It is important to report that this result had a strong influence on the use of alternative health practices as an adjuvant treatment for the most prevalent mental health problems, such as anxiety and depression. This fact makes it important to encourage more public policies that encourage such actions within the scope of the Unified Health System (SUS). Priority is given to primary care, which is the patient's first access point to the health system.

Multidisciplinary proved to be a strong ally in mental health treatment. It is well established in the literature that the use of psychotropic drugs does not present better results when compared to the combined treatment with psychotherapy.

The groups developed within the health unit facilitate the dissemination of information relevant to mental health, reducing the stigma around the mental health issue. In addition, they change the idea of going to the health center to simply renewing the prescription for controlled medication, transforming it into a comprehensive care session, which makes patients develop a different perspective on their own health and well-being.

In periods of crisis, users assisted by the program showed better resilience, especially without adding or abusing drug doses, since they had learned new behavioral repertoires and breathing and relaxation techniques.

CONCLUSION

The importance of programs for weaning benzodiazepines in patients monitored by the mental health program is well known. The long-term use of benzodiazepines will have harmful consequences for individuals causing a series of health problems, as well as physical and psychological dependence on the medication, impairing their quality of life.

Benzodiazepines were and continue to be prescribed indiscriminately, associated with this fact, there is great difficulty in scheduling an appointment for mental health in primary health care units and CAPS, thus resulting in patients with prolonged use of such medications and without any therapeutic follow-up.

Interdisciplinary consultation is very important in primary care as a whole, especially in the mental health program. Through it, the patient is fully evaluated in its multiple dimensions, and their fears, anxieties, values and expectations are known. Regular monitoring was a differential, so that positive results were achieved.

It is necessary to restructure the specialized mental health networks, with the reinforcement of multidisciplinary teams composed of medical professionals, psychologists, physiotherapists, occupational therapists, social workers, among others. Considering the care pressure that health patients demand and the limitations that primary care presents.

Thus, an intervention regarding the excessive use and without follow-up of benzodiazepines is essential. Multiprofessional action, the use of complementary health practices, the formation of mental health groups are important tools for a change in the scenario and for the patient to have comprehensive care for their health. In this way, the bond that the user establishes in the health unit due to these practices, constitutes a determining point of the social network of patient care.

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