



RESEARCH ARTICLE

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BASIC NETWORK DISPLACEMENT AND LACK OF KNOWLEDGE USERS IN SOUTHEAST BAHIA

***¹Lucimara da Silva Meira, ¹Nathalia Luiza de Souza Leite, ¹Lorrane Carvalho Santana, ⁴Beatriz Rocha Sousa, ²Rafael Cerqueira Campos Luna, ^{3,4}Jennifer Rodrigues Correia, ⁴Thalita Fernandes Santos, ⁴Iaggo Raphael David, ⁵Rafael Luiz Araújo Rodrigues and ⁶Stenio Fernando Pimentel Duarte**

¹Graduanda de Farmácia pela Faculdade Independente do Nordeste, Vitória da Conquista - BA;

²MD. Professor in the St. Augustine School of Health – FASA

³Student of Medicine in the St. Augustine School of Health – FASA

⁴Researcher at the Center for Teaching, Research and Extension in Chronic Diseases – NEPEdc

⁵Especialista em Perícias Criminais e Toxicológicas, Coordenador da Assistência Farmacêutica;

⁶Researcher at the Center for Teaching, Research and Extension in Chronic Diseases – NEPEdc
PhD Professor at Santo Agostinho School of Health; Independent College of the Northeast

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**Corresponding author: Lucimara da Silva Meira*

ABSTRACT

Pharmaceutical Care (PA) is a strong determinant for health care resolution, being an important indicator of the quality of care provided. But although it is a fundamental part of this assistance, it has rarely been considered as such and contemplated with initiatives to strengthen its management. This research aimed to evaluate users' knowledge about prescription and dispensation of medicines in the USF of a municipality in southwestern Bahia. Research with a descriptive, quantitative and exploratory cross-sectional approach conducted in the municipality of Tremedal (BA). Data collection was performed through structured interviews in the form of a questionnaire, prepared according to the needs of the study by the authors of the research. Interviews were conducted from January to June 2019 with patients seen at USF, CAPS and the specialty health center. All participants signed the consent form regarding the research. The questionnaire sought information regarding sociodemographic data such as gender, education, skin color and income, as well as information on consultation time and medications used and assessment of patient knowledge regarding medical prescription, pathology and pharmacotherapeutic treatment. Regarding prescriptions, most contained only one prescription drug (58 - 44.62%), the presence of polypharmacy was identified in eight (6.15%) and antibiotics in seven (5.38%) prescriptions. It was also observed that from the total, 42 (32.31%) prescriptions were completely met by the pharmacies of the health units of the municipality. Drug shortage in the municipal basic network is a public health problem and one of the factors that make pharmacotherapy and the care process more difficult for users. Although the data presented here do not show the intensity of the health damage to the population assisted by the studied municipal network, they show that Pharmaceutical Assistance should better structure its actions, prioritizing the monitoring of the supply of essential medicines in primary care units so that scenarios such as: the studied does not become common.

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INTRODUCTION

Pharmaceutical Care (PA) is a strong determinant for health care resolution, being an important indicator of the quality of care provided (KALICHMAN; AYRES, 2016; MARIN et al., 2003).

But although it is a fundamental part of this assistance, it has rarely been considered as such and contemplated with initiatives to strengthen its management. This shows that even though the Unified Health System (SUS) has organized itself to prioritize health actions and select the medicines used to

provide care, considering the efficacy, safety and cost-effectiveness of these products, there is still much to advance and structure. In order to guarantee access to medicines and the effectiveness of health actions through pharmaceutical assistance (VIEIRA; ZUCCHI, 2014; BARRETO; GUIMARÃES, 2010). According to the National Medicines Policy (PNM), pharmaceutical assistance has intrinsically drug-related activities to support health actions required by the community served and their distribution in Family Health Units (USF) is part of the healing, rehabilitation process, and disease prevention of the population. Medicines distributed at this level of care are called essential drugs, which, according to the World Health Organization (WHO), are those that meet the basic health care needs of the majority of the population and are selected according to health relevance. Evidence on efficacy and safety and comparative cost-effectiveness studies (ARAÚJO; UCHÔA, 2011; BRAZIL, 2001). Drug deficiencies in health facilities can range from stockpiles, financial and budgetary constraints, lack of infrastructure and human resources, to the attitude and conduct of governments at all levels, physicians during prescribing, dispensers at the time to fill prescriptions, consumers at the time of unreasonable use and the pharmaceutical industry itself. In addition to the impact on quality and safety, shortages tend to increase health care costs, as therapeutic alternatives are often more expensive or there is an increase in price, given the situation, by the productive or commercial sector due to the lack of competition in the environment. market (FONSECA; COSTA, 2015; FALEIROS; SILVA, 2014). In Brazil, spending on medicines has been increasing considerably due to the aging of the population, the constant entry of new pharmaceutical products in the market and the expansion of the coverage of pharmaceutical care components. However, although there is this expense in public management, the same would be greater if the pharmacist did not take care of the patient at the USF and Basic Pharmacy, because the patient's health problems would worsen and the treatment would fall in the medium and high complexity, which would result in much higher expenses (MONTEIRO; LACERDA, 2016; MENDES et al., 2013). One of the ways to reverse the lack of medicines and the influence of the pharmaceutical industries on prescriptions is the existence of a Municipal Relationship of Medicines (REMUME). This list informs which medicines are part of the list of basic medicines needed by the municipality and should be present in all units, being easily accessible to prescribers (doctors and nurses) and other health professionals (OLIVEIRA, 2018; MONTEIRO; LACERDA, 2016). Although medicines are indispensable tools in most situations for health recovery, they are not risk-free and can become extremely dangerous when used improperly, which makes them a major public health problem. Therefore, it is necessary to emphasize the importance of instructing the patient to have as much knowledge as possible about their health condition, about guidelines that favor their clinical evolution and, especially, about the prescribed medications to avoid possible complications (ENGEL et al., 2012). This research aimed to evaluate users' knowledge about prescription and dispensation of medicines in the USF of a municipality in southwestern Bahia.

METHODOLOGY

Research with a descriptive, quantitative and exploratory cross-sectional approach conducted in the municipality of Tremedal (BA). Tremedal is a Bahian municipality located in

the southwest region of Bahia and 601 km from Salvador (Bahian capital) with approximately 18.6 million inhabitants, whose Municipal Health Department has a primary care network composed of six USF, four of them located in rural and two in the urban area; a unit of the Psychosocial Care Center (CAPS); a Health Center of medical specialties and a Basic Pharmacy. Data collection was performed through structured interviews in the form of a questionnaire, prepared according to the needs of the study by the authors of the research. Interviews were conducted from January to June 2019 with patients seen at USF, CAPS and the specialty health center. All participants signed the consent form regarding the research. The questionnaire sought information regarding sociodemographic data such as gender, education, skin color and income, as well as information on consultation time and medications used and assessment of patient knowledge regarding medical prescription, pathology and pharmacotherapeutic treatment. Polypharmacy was considered as any prescription that contained four or more drugs of routine and concomitant use (WHO, 2017). The REMUME used is in Ordinance 004/2019 published on July 30, 2019 in the official journal of the municipality. The data acquired from this research were arranged and compiled into its own database using *software* Microsoft Excel[®] 365 (2018). The descriptive analysis of these data was based on the observation of the phenomenon throughout its development with subsequent calculation of frequencies of related responses and their arrangement in tables, using the *software* Stata 14.2. The project was approved by the Research Ethics Committee of the Independent College of the Northeast, under number 3,097,527 on December 20, 2018. All participants who agreed to participate in the study signed a consent form after being informed about the nature and objectives of the research.

RESULTS

Participated in the study users attended at the Health Center, CAPS and five FHU of the city. Of these, 64.54% were female and 35.38% male (Table 1).

Table 1. Distribution of study patients in primary care units of the municipality, according to gender (n = 130)

| Service Unit | Male (%) | Femininen (%) | Total n (%) |
|-----------------------|------------|---------------------|-------------|
| Health Center | | 2 (4.35) 13 (15.48) | |
| CAPS | | 7 (15.22) 8 (9.52) | (11.54) |
| USF | | | |
| Bore of Canela | 13 (28.26) | 17 (20.24) | 30 (23.08) |
| Durval Ferreira Rocha | 6 (13.04) | 11 (13.10) | 17 (13.08) |
| Black Lagoon | 5 (10.87) | 13 (15.48) | 18 (13.85) |
| Manoel Inácio | 7 (15.22) | 11 (13.10) | 18 (13.85) |
| São Felipe | 6 (13.04) | 11 (13, 10) | 17 (13.08) |
| Total | 46 | 84 | 130 (100) |

CAPS: Psychosocial Care Center. n: Absolute frequency. Source: data from the research itself.

Most patients had incomplete primary education and received up to one minimum wage (Table 2). Regarding prescriptions, most contained only one prescription drug (58 - 44.62%), the presence of polypharmacy was identified in eight (6.15%) and antibiotics in seven (5.38%) prescriptions. It was also observed that from the total, 42 (32.31%) prescriptions were completely met by the pharmacies of the health units of the municipality. However, in the 88 (67.69%) prescriptions not fully met, only six of them had medications that are not part of REMUME (Table 3).

Table 2. Sociodemographic characteristics of the study participants (n = 130)

| Sociodemographic characteristics | n (%) |
|----------------------------------|-------------|
| Schooling | |
| No schooling | 5 (3,85) |
| Incomplete Elementary School | 63 (48,46) |
| Complete primary education | 23 (17,69) |
| Incomplete high school | 16 (12,31) |
| Complete high school | 20 (15,38) |
| Higher Education Complete | 3 (2,31) |
| Income * | |
| Up to 1 minimum wage | 102 (78,46) |
| 2 to 3 minimum wages | 27 (20,77) |
| 3 to 4 minimum wages | 1 (0,77) |

n: Absolute frequency. * Considering the national minimum wage of R \$ 998.00. Source: data from the research itself.

Table 3. Number of prescription medications and percentage of prescriptions attended at the basic pharmacies of the municipality (n = 130)

| Prescription Completely answered by the unit | Number of medications per prescription | | | | | |
|--|--|-------|-------|------|------|------|
| | 01 | 02 | 03 | 04 | 05 | 06 |
| Yes | 17 | 21 | 3 | 1 | 0 | 0 |
| Not | 41 | 23 | 17 | 5 | 1 | 1 |
| Total | 58 | 44 | 20 | 6 | 1 | 1 |
| Percentage by amount of medication (n = 130,%) | 44.62 | 33.85 | 15.38 | 4.61 | 0.77 | 0.77 |

n: Absolute frequency. Source: data from the research itself.

Table 4. Study participants' knowledge regarding the reason for the prescription, the prescribed dose and the duration of treatment (n = 130)

| Reason for Prescription | Knowledge Patient | | | | Total |
|-------------------------|-------------------|-------------|-----------------------|-------------|-----------------|
| | Prescribed dose | | of treatment Duration | | |
| | Yes | Not | Yes | Not | |
| Yes | | | | | 83 36 61 58 119 |
| Not | 2 | 9 | 0 | 11 | 11 |
| Total (n = 130) | 85 (65.38%) | 45 (34.62%) | 61 (46 , 92%) | 69 (53.08%) | |

n: Absolute frequency. Source: data from the research itself.

Analyzing the knowledge of the study participants regarding the reason for prescribing the drugs, it was observed that 119 (91.54%) knew and 11 (8.46%) did not know the reason. Table 4 shows the knowledge relationship between those who knew and did not know the reason for the prescription with the knowledge of the dose and the duration of treatment.

DISCUSSION

Because Pharmaceutical Assistance is a set of procedures aimed at health promotion, prevention and recovery, its proper performance within a municipality is essential to achieve its objectives (MENDES et al, 2013). It is recommended that PA be understood as a clinical activity, with a central focus of action on the user, structured in technical-care and technical-managerial actions, in which the drug should not be the central focus and neither the logistic actions should be. occupy the only effort of their organization in SUS (MATTOS et al., 2019; BRAZIL, 2012). Regardless of the decentralized management of the SUS and the municipal primary care network, all health units, whether located in the urban or rural area of the municipality, must contain minimum stock with the medicines that make up REMUME. However, only slightly more than a quarter of allprescriptions analyzed in the study were fully met in the municipal units. This was probably due to shortages in units or the entire municipal network. The low availability and / or lack of medicines can result from failures in the logistics and information of medicines, ranging from the delay in the transfer by the managing authorities of SUS to the lack of medical information about the availability or not of drugs and their possible substitutions.

Deficiency in the national or international market (CHAVES et al., 2019; NASCIMENTO et al., 2017a). In many cases, when the prescription is not completely dispensed at the UBS, patients turn to the private network to purchase them. However, the economic situation is an important determinant in the use of health services, since there is a predominance of low income patients in SUS and when, after subsistence expenses, at least 40% of family income is compromised. in drug purchasing, the monthly impact on family income is significant (GERLACK et al., 2017). Considering the population aging process and the evidence on the relationship between increasing age and number of prescription drugs, it is important that, in the health care process, professionals ensure the quality of pharmacotherapy, avoiding the exacerbated use of drugs and drugs. Thus, avoiding all the harms that could be triggered by the use of multiple drugs, as studies on polypharmacy and their implications for the general population are scarce (NASCIMENTO et al., 2017b). Although there were few prescriptions containing polypharmacy in this study, health professionals should be aware that it has been associated with negative health outcomes with increased morbidity and mortality, reduced quality of life of individuals, especially in the elderly, and increased costs. individual and governmental care, with impact on people and health systems (NASCIMENTO et al., 2017b; SALES; SALES; CASOTTI, 2017). Only one of the polypharmacy prescriptions was fully met at the unit. However, it is no use just having the medicine at home for the therapy to be effective, it is also necessary to know what the medicine is for, how much should be given per day and for how long. As noted, most of the patients approached in the study knew the reason for the prescription,

and this number was much higher than the number of participants whose level of education was high school or higher. This data shows that when the multidisciplinary health team informs adequately the patient about their health condition, barriers related to low education can be carried. Analyzing only those who knew the reason for the prescription (119 users, 91.54%), a good part did not know the prescribed dose and almost half did not know the period of use of the drugs. Failure to know the prescribed dose may lead to treatment failure below the effective dose for treatment or to adverse and / or toxic effects in high-dose cases. Problems caused by the lack of knowledge of the dose and the treatment period could be solved with a pharmacist-guided dispensation. However, in the municipality there is only one pharmacist present and he is allocated to the coordination of PA, and his work is divided between management activities and dispensation, which is restricted to the Basic Pharmacy attached to the Health Center. The absence of pharmacist in USF It has a direct impact on users' health, since dispensing and guidance on the use of medicines is left to the technicians present at the time. These may not have the technical skills for such a function since the pharmacist is the most capable professional for this function and the only one who will identify prescription-related problems (AMARAL; BLATT, 2011; FREITAS; NOBRE, 2011). With the pharmacist present and directly linked to the dispensation, there is a greater concern to observe the technical aspects related to the dispensation that may compromise the success of therapy, such as information given to the patient about the dosage schedule, possible adverse reactions and interactions with other medicines and foods (AMARAL; BLATT, 2011). Thus, to avoid cases of shortage and / or lack of information to users about the prescribed drugs, the PA manager should institute improvements in drug prescription services, dispensing and user guidance, through standardization of activities, stimulation of use of REMUME and the provision of user support (OLIVEIRA, 2018).

Conclusion

Drug shortage in the municipal basic network is a public health problem and one of the factors that make pharmacotherapy and the care process more difficult for users. Although the data presented here do not show the intensity of the health damage to the population assisted by the studied municipal network, they show that Pharmaceutical Assistance should better structure its actions, prioritizing the monitoring of the supply of essential medicines in primary care units so that scenarios such as: the studied does not become common. In addition, the presence of pharmacists with the teams in the health facilities, in addition to contributing to the monitoring of the units 'inventory, would reverse patients' lack of knowledge about their therapy.

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