

ISSN: 2230-9926

Available online at http://www.journalijdr.com



International Journal of Development Research Vol. 10, Issue, 01, pp. 33037-33041, January, 2020



RESEARCH ARTICLE OPEN ACCESS

## PHARMACOTHERAPETIC ANALYSIS OF USERS OF A PSYCHOSOCIAL CARE

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#### ARTICLE INFO

#### Article History:

Received 03<sup>rd</sup> October, 2019 Received in revised form 17<sup>th</sup> November, 2019 Accepted 26<sup>th</sup> December, 2019 Published online 29<sup>th</sup> January, 2020

### Key Words:

Psychotropic; Pharmacovigilance; Mental health; Nursing.

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#### **ABSTRACT**

The use of psychotropic drugs has increased in recent decades, and this growth can be attributed to the higher frequency of diagnoses of psychiatric disorders in the population, the introduction of new drugs in the pharmaceutical market and the new pharmacotherapeutic indications. The objective of this study was to analyze the pharmacotherapeutic profile of users seen at the Psychosocial Care Center (CAPS I) in the city of Redenção - CE. Thus, it was a cross-sectional descriptive and documentary analysis study with a quantitative approach. Data collection occurred from July 2018 to February 2019, were made through a form prepared by the researchers that served as support to obtain information about the sociodemographic profile, information regarding the drugs used and treatment time. An actual sample of 169 medical records was analyzed. It was found that 120 (71%) are women and 49 (29%) are men, with ages ranging from 18 to 59 years. The most prescribed psychotropic classes were antipsychotics, especially haloperidol (13.70%), followed by amitriptyline antidepressant (6.70%). Thus, it was concluded that the highest percentage of users are women who attend CAPS and are treated with psychotropic drugs. Antipsychotics were the most prevalent psychotropic drugs, which may reflect the increased diagnosis of psychic disorders.

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Citation: Tagmi Joaquim Ialá, Janiel Ferreira Felicio, Glauciano de Oliveira Ferreira et al. 2020. "Pharmacotherapetic analysis of users of a psychosocial care", International Journal of Development Research, 10, (01), 33037-33041.

# **INTRODUCTION**

The Brazilian Psychiatric Reform (RPB) emerges, during the 70's, as a movement of struggles and ideas of changes in the scope of psychiatric care, in opposition to the asylum and hospital-centered care model that was provided to the person with mental disorder. thus offering substitutive services, new perspectives and forms of mental health care (LIMA, 2019). Living habits in today's society, such as the reduction in sleep patterns, stress at work and other factors such as exposure to alcohol and other drugs, may cause symptoms of anxiety, depression and situations that cause both physical and mental distress favoring the triggering. of various mental disorders. Thus, individuals seek assistance in Psychosocial Care Centers (CAPS) and, consequently, the use of psychotropic drugs represents an important public health problem due to its high prevalence and serious effects on personal, family, work and health use of health services (SILVA et al., 2018). International studies show that mental disorders account for approximately 12% of the total burden of disease. They are one of the most prevalent psychic morbidities, comprising

approximately one third of the population in individuals of different age groups. Primary Health Care (PHC), specifically at the Psychosocial Care Centers (CAPS) (KNUDSEN et al., 2013). CAPS is a mental health care service designed to replace hospitalizations in psychiatric hospitals. In order to provide care to the population in its area of coverage, performing clinical monitoring and social reintegration of users through access to work, leisure, exercise of civil rights and strengthening of family and community ties (FERREIRA, TORRES; 2016). Considering this, CAPS provides different treatment activities, which include individual care, with the aid of drug and psychotherapeutic treatment; group activities; therapeutic workshops; home visits; family care; and community activities. Among the treatments for mental disorders is the use of medicines, with emphasis on psychotropic drugs, defined by the World Health Organization as drugs that act on the nervous system and produce behavioral, mood and cognitive changes, which can trigger physical and mental dependence (ZANETTI et al., 2017). Most people consume more than one medicine at a time; This considerably increases the likelihood of irrational use. These

medications are indicated for mental disorders such as anxiety, anxiety, depression, insomnia, restlessness, psychosis and others; The use of such psychoactive drugs aims at modifying behavior, mood and emotions (PADILHA et al., 2014). The large consumption of these drugs can cause serious side effects such as blurred vision, constipation, weight gain and its effects can be potentiated when it is administered simultaneously with other drugs. Continued overdose may lead to brain cell degeneration into irreversible lesions (UNESP, 2003). Thus, a multidisciplinary work in CAPS is of fundamental importance, aiming at monitoring effective drug therapy, with the objective of promoting the rational use of medicines, prevention of serious adverse reactions, increased adherence to medical prescription, ensuring a good prognosis in psychotherapeutic treatment of patients with mental disorders. In this context, we highlight the role of health professionals in providing essential care to users with mental disorders in order to adapt the environment without these people feeling stressed or uncomfortable situations during treatment. Also, participate in bond building based on trust, stimulate their self-confidence regarding drug use. On the other hand, participating in the development of treatment through counseling on the use of psychotropic drugs in relation to the observation of side effects and adverse effects of medications, as well as the use of extra drugs outside what is prescribed by CAPS professionals, so that it may contribute to treatment development and quality of life of these individuals. Thus, it is notorious that researching the profile of psychotropic drug use in CAPS becomes an instrument for planning intervention strategies in mental health, as well as helping to promote the rational use of these drugs. (MOURA et al., 2016). Thus, the present study aimed to analyze the Pharmacotherapeutic Profile of users seen at the Psychosocial Care Center (CAPS I) in the city of Redenção -

### **MATERIALS AND METHODS**

This is a descriptive cross-sectional, documentary study with a quantitative approach based on the analysis of the medical records of psychotropic users in the CAPS of Redenção-CE, from July 2018 to February 2019. The sample size calculation was based on the number of active medical records in the municipality's CAPS, using an online calculator, considering a 5% sampling error and a 95% confidence level. As a sample for the study, 323 medical records were estimated from the 2000 active medical records (SANTOS, 2015). Considering the availability of the research field to perform it, data from 169 medical records were collected; about 53% of the total medical records delimited after the sample calculation. The study population consisted of medical records of users of the unit's prescription area who used psychotropic drugs during the data collection period. First, we selected the medical records of users who regularly received psychotropic drugs from November to December 2018 and January 2019. The medical records were blinded to safeguard the confidentiality of patient identification. Inclusion criteria were adopted (medical records of users over 18 years old, with active registrations, undergoing treatment and regularly attended to receive psychotropic drugs in CAPS) and exclusion (illegible and medical records of patients who did not attend the unit). dispensation to receive the medicines). Data collection was performed through a form prepared by the research team that served as support to obtain information about the sociodemographic profile, information regarding the drugs used and treatment time. The research observed the ethical

precepts provided for in Resolution 466/12 of the National Health Council; The study was conducted after consent was granted by the Municipal Health Department and approved by the Research Ethics Committee of the University of International Integration of African-Brazilian Lusophony (UNILAB), by means of opinion number 3.033.207. Data were properly tabulated using the Microsoft office program (Excel) and analyzed using Epi Info version 7.0, applying descriptive statistics, using absolute frequency and percentage, and the extracted results were arranged as tables for the presentation of variables. sociodemographic and psychotropic use; The interpretation was performed with the support of the literature to evaluate percentages and absolute values. The analysis of the therapeutic classes of drugs used by these users were classified through (level 2 and 3) the use of the World Health Organization (WHO) Anatomical Therapeutic Chemical (ATC) system. In the ATC system, drugs are arranged in different groups according to their action sites and their therapeutic and chemical characteristics. There are five different levels: drugs are divided into 14 major anatomical groups (level 1), which house two therapeutic / pharmacological subgroups (levels 2 and 3); level 4, therapeutic / pharmacological / chemical subgroup; and level 5, the chemical itself. And according to this classification system the different types of psychotropic drugs found in this study were classified: N05A- Antipsychotics; NO05B-Anxiolytics; N06A- Antidepressant; NO03- Antiepileptics and NO04- Antiparkinsonism (ATC, 2011).

### **RESULTS**

Overall, 169 patient records were evaluated, of which 120 (71%) were female. Regarding the age of the participants, the majority of 73 (43.20%) are between 46 and 59 years old. Regarding the level of education, 89 (53%) of the participants have elementary school, in relation to marital status, 64 (38%) are single. Regarding treatment time, 75 (44%) were between 0 and 5 years old (Table 1).

Table 1. Sociodemographic characteristics of CAPS users. Redenção, Ceará, Brazil. 2019

Variables         f         %           Genres         Feminine         120         71           Male         49         29           Total         169         100           Age         46-59         73         43,20           31-45         65         38,46           18-30         31         18,34           Total         169         100           Schooling         Elementary School         89         53           High school         48         28           University education         15         09           None         17         10           Total         169         100           Marital status         Single         64         38           Married         59         35           Divorced         17         10           Widowed         08         05           Others / stable union         21         12           Total         169         100           Treatment Time         0-5 years         75         44           6-10 years         47         28           11-15 years         47         28			
Feminine         120         71           Male         49         29           Total         169         100           Age	Variables	f	%
Male       49       29         Total       169       100         Age	Genres		
Total         169         100           Age         46-59         73         43,20           31-45         65         38,46           18-30         31         18,34           Total         169         100           Schooling         Elementary School         89         53           High school         48         28           University education         15         09           None         17         10           Total         169         100           Marital status         Single         64         38           Married         59         35           Divorced         17         10           Widowed         08         05           Others / stable union         21         12           Total         169         100           Treatment Time         0-5 years         75         44           6-10 years         47         28           11-15 years         47         28	Feminine	120	71
Age       46-59       73       43,20         31-45       65       38,46         18-30       31       18,34         Total       169       100         Schooling       Elementary School       89       53         High school       48       28         University education       15       09         None       17       10         Total       169       100         Marital status       Single       64       38         Married       59       35         Divorced       17       10         Widowed       08       05         Others / stable union       21       12         Total       169       100         Treatment Time       0-5 years       75       44         6-10 years       47       28         11-15 years       47       28	Male	49	29
46-59     73     43,20       31-45     65     38,46       18-30     31     18,34       Total     169     100       Schooling     89     53       High school     48     28       University education     15     09       None     17     10       Total     169     100       Marital status     8     100       Single     64     38       Married     59     35       Divorced     17     10       Widowed     08     05       Others / stable union     21     12       Total     169     100       Treatment Time     0-5 years     75     44       6-10 years     47     28       11-15 years     47     28	Total	169	100
31-45     65     38,46       18-30     31     18,34       Total     169     100       Schooling        Elementary School     89     53       High school     48     28       University education     15     09       None     17     10       Total     169     100       Marital status         Single     64     38       Married     59     35       Divorced     17     10       Widowed     08     05       Others / stable union     21     12       Total     169     100       Treatment Time         0-5 years     75     44       6-10 years     47     28       11-15 years     47     28	Age		
18-30     31     18,34       Total     169     100       Schooling        Elementary School     89     53       High school     48     28       University education     15     09       None     17     10       Total     169     100       Marital status       Single     64     38       Married     59     35       Divorced     17     10       Widowed     08     05       Others / stable union     21     12       Total     169     100       Treatment Time     0-5 years     75     44       6-10 years     47     28       11-15 years     47     28	46-59	73	43,20
Total         169         100           Schooling         Elementary School         89         53           High school         48         28           University education         15         09           None         17         10           Total         169         100           Marital status         Single         64         38           Married         59         35           Divorced         17         10           Widowed         08         05           Others / stable union         21         12           Total         169         100           Treatment Time         0-5 years         75         44           6-10 years         47         28           11-15 years         47         28	31-45	65	38,46
Schooling       89       53         High school       48       28         University education       15       09         None       17       10         Total       169       100         Marital status       38       38         Single       64       38         Married       59       35         Divorced       17       10         Widowed       08       05         Others / stable union       21       12         Total       169       100         Treatment Time       0-5 years       75       44         6-10 years       47       28         11-15 years       47       28	18-30	31	18,34
Elementary School 89 53 High school 48 28 University education 15 09 None 17 10 Total 169 100 Marital status Single 64 38 Married 59 35 Divorced 17 10 Widowed 08 05 Others / stable union 21 12 Total 169 100 Treatment Time 0-5 years 75 44 6-10 years 47 28 11-15 years 47 28	Total	169	100
High school       48       28         University education       15       09         None       17       10         Total       169       100         Marital status       Single       64       38         Married       59       35         Divorced       17       10         Widowed       08       05         Others / stable union       21       12         Total       169       100         Treatment Time       0-5 years       75       44         6-10 years       47       28         11-15 years       47       28	Schooling		
University education 15 09 None 17 10 Total 169 100 Marital status Single 64 38 Married 59 35 Divorced 17 10 Widowed 08 05 Others / stable union 21 12 Total 169 100 Treatment Time 0-5 years 75 44 6-10 years 47 28 11-15 years 47 28	Elementary School	89	53
None     17     10       Total     169     100       Marital status     59     35       Single     64     38       Married     59     35       Divorced     17     10       Widowed     08     05       Others / stable union     21     12       Total     169     100       Treatment Time     0-5 years     75     44       6-10 years     47     28       11-15 years     47     28	High school	48	28
Total     169     100       Marital status     38       Single     64     38       Married     59     35       Divorced     17     10       Widowed     08     05       Others / stable union     21     12       Total     169     100       Treatment Time     0-5 years     75     44       6-10 years     47     28       11-15 years     47     28	University education	15	09
Marital status       Single     64     38       Married     59     35       Divorced     17     10       Widowed     08     05       Others / stable union     21     12       Total     169     100       Treatment Time       0-5 years     75     44       6-10 years     47     28       11-15 years     47     28	None	17	10
Single       64       38         Married       59       35         Divorced       17       10         Widowed       08       05         Others / stable union       21       12         Total       169       100         Treatment Time       0-5 years       75       44         6-10 years       47       28         11-15 years       47       28	Total	169	100
Married     59     35       Divorced     17     10       Widowed     08     05       Others / stable union     21     12       Total     169     100       Treatment Time     0-5 years     75     44       6-10 years     47     28       11-15 years     47     28	Marital status		
Divorced       17       10         Widowed       08       05         Others / stable union       21       12         Total       169       100         Treatment Time       0-5 years       75       44         6-10 years       47       28         11-15 years       47       28	Single	64	38
Widowed     08     05       Others / stable union     21     12       Total     169     100       Treatment Time     0-5 years     75     44       6-10 years     47     28       11-15 years     47     28	Married	59	35
Others / stable union     21     12       Total     169     100       Treatment Time     0-5 years     75     44       6-10 years     47     28       11-15 years     47     28	Divorced	17	10
Total     169     100       Treatment Time     0-5 years     75     44       6-10 years     47     28       11-15 years     47     28	Widowed	08	05
Treatment Time     75     44       0-5 years     75     44       6-10 years     47     28       11-15 years     47     28	Others / stable union	21	12
0-5 years 75 44 6-10 years 47 28 11-15 years 47 28	Total	169	100
6-10 years 47 28 11-15 years 47 28	Treatment Time		
11-15 years 47 28	0-5 years	75	44
- 3	6-10 years	47	28
Total 169 100	11-15 years	47	28
	Total	169	100

Source: research data.

Table 2. Description of the prescribed drugs according to the therapeutic / pharmacological subgroup (ATC classification levels 2/3), Redenção, Ceará, Brazil. 2019

Therapeuticgroup	Chemicalsubstances	F	%
	haloperidol	47	13,70
	levomepromazine	29	8,46
	chlorpromazine	25	7,29
N05A- Antipsychotics	risperidone	10	2,91
	lithiumcarbonate	06	1,76
	olanzapine	02	0,58
	Subtotal	119	34,70
	amitriptyline	23	6,71
	fluoxetine	21	6,12
	paroxetine	21	6,12
N06A- Antidepressant	clomipramine	04	1,17
	nortriptyline	02	0,58
	citalopram	01	0,29
	Subtotal	72	20,99
	Carbamazepine	24	6,99
	clonazepam	23	6,71
	fenobarbital	07	2,04
N03- Antiepileptics	valproic acid	07	2,04
	phenytoin	01	0,29
	Subtotal	62	18,07
N05B- Anxiolytics	alprazolam	29	8,46
	diazepam	14	4,08
	bromazepam	05	1,46
	Subtotal	48	14,00
	biperiden	07	2,04
N04- Antiparkinsonism	Subtotal	07	2,04
•	promethazine	25	7,29
	thioridazine	05	1,46
Others	sertraline	01	0,29
	citalopram	01	0,29
	paroxetine	01	0,29
	phenytoin	01	0,29
	topiramate	01	0,29
	Subtotal	35	10,20
Total	28	343	100

Source: research data.

After analyzing the 169 medical records, 28 prescription drugs were found. The most prevalent class of psychotropic drugs was antipsychotics, corresponding to 119 (34.70%) of all classes of drugs used. Followed by antidepressant with 72 (20.99%). In the antipsychotic class, haloperidol was the most used drug in this class, with 47 (13.70%). The antidepressant class was the second most prevalent in this study, in which amitriptyline represents 23 (6.71%). In the antiepileptic class prescribed psychotropic most commonly carbamazepine with 24 (6.99%). The fourth most prevalent class was anxiolytics, with a higher prevalence of alprazolam with 29 (8.46%). In the study only biperiden was identified among antiparkinsonian drugs, with 7 (2.04%). Also, other types of drugs prescribed in the CAPS users' medical records were verified. According to the ATC classification, these drugs are not included in any of the classes. Therefore, Promethazine prevails as the most used drug, corresponding to 25 (7.29%) (Table 2).

# **DISCUSSION**

The aimed analyze the present research to pharmacotherapeutic profile of users treated at a CAPS in the interior of Ceará. Psychotropic drugs are considered to be important resources in the care of psychological distress, when the right diagnosis is defined, however, the CAPS should lead the user and his family to reflect on the rational use of psychotropic drugs, fostering care management and the elaboration of care. clinical and policy protocols for the safe use and distribution of psychotropics, improving both mental health care and pharmaceutical care in CAPS.

From the results of the present study, it was identified higher consumption of psychotropic drugs among women (71%) than men, which drives results from previous studies, which also verified the superiority of women regarding the consumption of these drugs (SOARES et al., 2019; SOUZA, 2018; FIRMINO et al., 2011; ROCK et al., 2013; BORGES et al., 2016). Also according to these authors, the greater predominance of psychotropic drug use by women is due to the predominant occurrence of psychiatric disorders seen among people of this gender, in addition to having greater attention to their health situation and seeking more health services including CAPS. This is justified as women have greater health perception capacity compared to men who only seek health services in more delicate situations. As a result of the present study, it was observed that the majority (43.20%) of the patients attended at CAPS are between 46 and 59 years old. This finding was also found in a study conducted in Rondônia (FRANSKOVIAK et al., 2018). The authors found a higher prevalence of psychotropic use in patients over 45 years of age. This fact, too, was observed in the studies conducted by Firmino et al. (2011) and Wenderley et al. (2014). The authors observed a relationship between the use of psychotropic drugs and age, that is, the older the individual, the greater the tendency to use these substances. Most (53%) of the participants in this study had a low level of education. According to Borges et al. (2016), low education is a risk factor for the development of mental disorders. This fact was reinforced by Zanetti et al. (2017), stating that people with low education level tend to develop health problems such as depression and other mental disorders, compared to those with higher education levels.

Which could lead these people to seek treatment at CAPS. It is concluded that individuals with higher educational level often have higher income, factors related to the ease of access to private health services. In the findings of the present study, the use of psychotropics with regard to marital status, it was observed that singles (38%) consume more psychotropic. In the studies by Zanetti et al. (2017) also observed that single users appeared more frequently (59.2%), thus concluding that individuals with mental disorders would be less likely to preserve a stable relationship. In disagreement with another study, divorced and widowed individuals had a higher number of psychotropic use. (WANDERLEY et al., 2014). It is found that it could be associated with bad events, sadness, discouragement, which could lead, for example, to a depression factor, related to a problem that will affect mental health. Regarding the time of treatment, this study shows that users in greater proportion were those who were between 0 to 5 years, followed by those with 6 to 10 years, and 11 to 15 years of treatment. In the studies Farias (2016), Nasario et al. (2015) and Santos (2015) reported that the use of psychotropic substances for the treatment of mental disorders most often leads to treatment for a long period, due to chemical dependence and side effects, which could cause difficulties. regarding the end of treatment. Thus, the importance of monitoring professionals specialized in multidisciplinary teams is highlighted as a way to minimize or control eventual problems. Regarding the prescription of psychotropic drugs, in the findings of the present study, the most prevalent class of psychotropic drugs was antipsychotics, corresponding to 34.70% of all classes of medications used. Followed by antidepressant with 20.99%. In agreement with the studies by Junior et al. (2016) the antipsychotic class was the most used in prescription, about (48.09%) of cases, followed by the use of antidepressant by (24.13%). On the other hand, it can be observed that the higher prevalence of antipsychotic class use has to do with its excessive use in the treatment of different symptoms resulting from schizophrenia, bipol disorder.

## Conclusion

From the data obtained in the studied sample of medical records of a CAPS of the municipality in the interior of Ceará, it was observed that women are the ones who frequent the CAPS or are treated with psychotropic drugs. It is necessary to investigate the reasons for this situation, as well as the planning of community interventions aimed at them. Also, it was observed that several age groups received prescription of psychotropic drugs. Antipsychotics were the most prevalent psychotropic drugs, which may reflect the increased diagnosis of psychic disorders. On the other hand, they are drugs widely used for their ability and effectiveness to decrease symptoms resulting from conditions such as schizophrenia, bipolar disorder, psychotic depression and psychosis. They are still able to reduce symptoms of anxiety and sleep disorder.

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